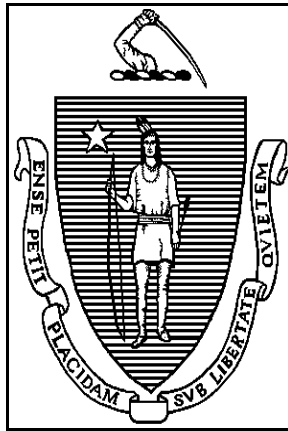


**EOHHS
PURCHASE OF SERVICE
PREQUALIFICATION**

**PART TWO:
PROGRAMMATIC ACCESS
AND
AFFIRMATIVE ACTION/EQUAL OPPORTUNITY
SUBMISSION REQUIREMENTS
FOR
POTENTIAL NEW PROVIDERS**



Revised January, 2002

**COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

***Jane Swift*
GOVERNOR**

***Robert P. Gittens*
SECRETARY**

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

SUBMISSION REQUIREMENTS FOR PREQUALIFICATION FOR POTENTIAL NEW PROVIDERS

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TO: Executive Directors of Potential New EOHHS POS Provider Organizations

FROM: A. Victoria Mederos, ADA Manager/Civil Rights Officer

DATE: January 25, 2002

RE: FY 2003 Purchase of Service (POS) Contracting Prequalifications

Attached you will find the Executive Office of Health and Human Services (EOHHS) FY 2003 POS contracting prequalification package for Programmatic Access and Affirmative Action/Equal Opportunity Submission Requirements (Part 2) to be completed in conjunction with your initial Request for Response (RFR) submission to any EOHHS purchasing agency conducting a Human and Social Service procurement. (These services, usually classified under the Commonwealth's M03 or MM3 accounting system object codes, are commonly referred to as "POS" services.) The purchasing agency will review your submission and, if your organization is selected for a contract award, will become the "Principal Purchasing Agency" (PPA) to which your organization is assigned for the purpose of annual requalification reviews conducted on behalf of all EOHHS purchasing agencies contracting with your organization. (Since many providers eventually contract with multiple EOHHS purchasing agencies, the PPA consolidated review approach minimizes what would otherwise be multiple, duplicative reviews.) *Unless you have been otherwise instructed by the purchasing agency, your prequalification submissions are due no later than the proposal submission deadline specified in the RFR to which you are responding.*

EOHHS is committed to ensuring that both existing and new providers are in compliance with Commonwealth regulations and contracting requirements including Americans with Disabilities Act (ADA) and other Programmatic Accessibility, Affirmative Action/Equal Opportunity (AA/EO) and related non-discrimination standards. The integrity of the assurance process is based on your timely submission of materials, the PPA's (Principal Purchasing Agency) review of the materials, and the execution of corrective measures where necessary. Remember that Corrective Action Plans (CAP's) are generally required if a provider is not in compliance with Commonwealth regulations and contract requirements, pending PPA determination of the seriousness.

This package contains copies of required submission documents, instructions, and extensive background information and reference materials. Please note that we ask that some of your submissions be sent to the PPA representative electronically in Excel97 file format in order to minimize hard copy processing and facilitate data entry activity at our agencies. The Excel file format submission approach has been adopted since it is consistent with the similar Excel file submission required for UFR audited financial statement filing with the Operational Services Division (described in more detail in the Part One prequalification package) and the vast majority of provider organizations already have Excel software and Internet E-mail arrangements which accommodate the use of file attachments to messages. When submitting your Excel file, please be sure to identify your organization in the accompanying E-mail message in order to expedite processing. If your organization lacks the capacity to complete this electronic submission process, please contact your PPA representative immediately to make alternative submission arrangements. Inability to submit materials electronically will not be regarded as a bar to initial prequalification approval.

The Excel file template may be downloaded from the EOHHS Contracting Qualification Process Internet website maintained by the Department of Public Health at www.state.ma.us/dph/pos/eohhs.htm (where this package and other contracting qualification related materials are also posted). The Excel file also includes a template for completion of the Consolidated Form A included in the package, which must be submitted in signed hard copy form. Upon completion, the Excel file can be submitted to your PPA representative by E-mail and the signed Consolidated Form A and other required hard copy attachments can be mailed to the PPA. PPA representative contact names, addresses, phone numbers and E-mail addresses should appear in the RFR posting to which you are responding. A Secretariat-wide directory also appears in the appendices to this package.

Note that the following AA/EO related activity is handled on a purchasing agency/contract specific basis and is not encompassed by the PA/AA/EO requalification process conducted by your assigned PPA:

- In addition to the organization-wide information required for the prequalification process, contracting agencies may request workforce and goal setting data that is contract specific as part of the RFR response. The details of any contract specific data submissions should appear in the RFR.
- Executive Order 390 addresses the Commonwealth's commitment to conducting business with SOMWBA (State Office for Minority and Women Assistance) certified MBE's (Minority Business Enterprises) and WBE's (Women Business Enterprises) in all aspects of state contracting. Information regarding participation requirements appears in each RFR.

Any questions regarding these RFR/contract specific requirements should be directed to the designated RFR contact person, rather than your PPA prequalification representative. Your assigned PPA representative is available to provide assistance with the requalification process. Please feel free to contact the individual identified in the PA/AA/EO PPA Representative Directory as needed.

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

CONTRACTING QUALIFICATION PROGRAMMATIC ACCESS AND EQUAL OPPORTUNITY/AFFIRMATIVE ACTION REQUIREMENTS BACKGROUND AND OVERVIEW

The federal government has passed many laws to protect the rights of citizens and to prohibit discrimination against them. From the Constitution of the United States to the Civil Rights Act to the Rehabilitation Act and the American with Disabilities Act, the federal government has taken steps to ensure equal protection under laws. In addition to federal protections, many of these laws are further supported by laws and policies of the Commonwealth of Massachusetts that apply principles of nondiscrimination to both employment practices and the delivery of government funded services, including services delivered by contracted providers.

The Executive Office of Health and Human Services (EOHHS) is committed to the requirements and principles of these laws and policies ensuring 1) nondiscrimination in employment, 2) nondiscrimination and programmatic access to services delivered directly and through contracted provider organizations and 3) affirmative action to eliminate discrimination. It is through the prequalification and annual requalification process that EOHHS communicates its commitments and receives assurances that contracted providers are aware of their obligations under certain of these laws and that providers report their compliance to the Commonwealth.

Equal Opportunity/Affirmative Action (EO/AA) and Programmatic Access Laws:

There are many federal and state laws, regulations and policies requiring that employment practices, program access and service delivery do not discriminate against anyone based on race, color, religion, sex, national origin, age, or disability. Some of the key laws, regulations, policy guidelines and executive orders that are addressed in the EOHHS Programmatic Access and Affirmative Action/Equal Opportunity package are described below:

- Title VI of the Civil Rights Act of 1964, as amended (P.L. 88-352) – prohibits discrimination on the basis of race, color or national origin in all program or activities which receive federal financial assistance (see guidance of the federal Department of Health and Human Services, Office for Civil Rights at www.hhs.gov/ocr/facts.html#guide);
- Section 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794) – prohibits discrimination on the basis of handicaps under any program or activity receiving federal financial assistance (see 45 C.F.R. 84 regulations of the federal Department of Health and Human Services at www.hhs.gov/progorg/ocr/part84.html);
- The American with Disabilities Act of 1990 (as amended) – establishes a clear and comprehensive prohibition against discrimination on the basis of disability in the areas of employment, public services and transportation, public accommodations, and telecommunication services (see the ADA Home Page at www.doj.gov/crt/ada/adahom1.htm);
- M.G.L. Chapter 151B – prohibits unlawful discrimination because of race, color, religious creed, national origin, ancestry, or sex (at www.state.ma.us/legis/laws/mgl/gl%2D151b%20toc.htm);
- The Governor's Code of Fair Practices (Executive Order 227) – prohibits employment discrimination and unfair labor practices and requires state contractors receiving \$50,000 or more from the Commonwealth to develop an affirmative action program;
- State Executive Order 246 (Disability) – amends EO 227;
- State Executive Order 390 (Affirmative Market) – promotes the full participation of minority and women owned businesses in all areas of state contracting (at www.state.ma.us/eoas/amp/).

It is critical that provider organizations familiarize themselves with all federal and state requirements regarding nondiscrimination. In addition, providers should ensure that internal policies and procedures as well as policies and procedures for programs and service delivery are implemented to support these principles. It is strongly suggested that all staff training incorporate these principles as well.

Executive Office of Health and Human Services Role - Action for the POS System:

The EOHHS prequalification and requalification processes evaluate a bidder's/provider's administrative and financial capabilities to assume contracting responsibilities and service delivery. This process is conducted by the EOHHS agency that has the largest total contract amount with the provider, the so-called "PPA – principal purchasing agency." Once prequalified by its PPA, a provider can seek contracts with EOHHS agencies for that fiscal year and submits shorter forms on an annual basis thereafter through the requalification process.

In fiscal year 1990, EOHHS recognized the need to develop guidelines and standardized requirements for Equal Opportunity/Affirmative Action (EO/AA) and programmatic access compliance across the purchase of service contracting system. EOHHS established a collaborative process between the EOHHS legal counsels and civil rights officers. The result of this collaboration was the yearly equal opportunity/affirmative action/programmatic access (EO/AA/PA) prequalification submission forms which provide assurances that contracted providers are aware of their obligations under certain of these laws and regulations and that they report compliance.

In fiscal year 1992, EO/AA/PA requirement and forms were incorporated into the annual EOHHS prequalification process. The two critical documents incorporated at that time were:

- Sample Equal Opportunity/Affirmative Action/Programmatic Access Plan;
- Form "A" – Provider Certification of Programmatic Access and Affirmative Action/Equal Opportunity. (Effective for the FY2002 requalification process, this form has been consolidated with other forms resulting in a new "Consolidated Form A.")

The Americans with Disabilities Act:

Subsequent to the incorporation of the above forms into the prequalification process, it became necessary to also address the requirements of the landmark Americans with Disabilities Act (ADA), enacted by the U.S. Congress and signed into law on July 26, 1990. The ADA, patterned after the Rehabilitation Act of 1973 and the Civil Rights Act of 1964, extended civil rights for people with disabilities beyond just programs receiving federal financial assistance.

Under the ADA, individuals with disabilities have comprehensive civil rights protections in the areas of employment, public accommodations, state and local government services, transportation and telecommunications. The ADA has five titles: Title I deals with Employment; Title II addresses Public Services and Transportation; Title III concerns Public Accommodations; Title IV addresses Telecommunications and Title V covers miscellaneous provisions.

Confronted with the need to implement the portions of the ADA pertinent to EOHHS, the ADA Task Force was convened in June 1993. Specifically:

Title I, Employment, applies to private employers, state and local government, employment agencies and labor unions. Title I prohibits employment discrimination against "qualified individuals with disabilities."

Title II, State and Local Governments, applies to public entities and prohibits discrimination against qualified individuals with disabilities in all programs, activities, and services of public entities. Title II requires that all government programs, including those delivered by contract, be accessible to individuals with disabilities.

PLEASE NOTE: Providers should be aware of their obligations under Title III (Public Accommodations) of the ADA. Those obligations may not be covered by the requirements of the EOHHS pre-qualification and requalification processes.

Title I (Employment) Issues and Requirements –

The task force identified ADA Title I Employment requirements and concluded that those requirements could be addressed through the prequalification and requalification processes. The following forms were added to the prequalification process starting with Fiscal Year 1996:

- Form D - Findings of Probable Cause/Findings of Employment Discrimination Based on Disability (the original Form D is now a part of Consolidated Form A, submitted annually)
- Form E - ADA Title I Self-Evaluation and Transition Plan for Employment Issues
[Note: The Form E transition plan is an exercise that need only be carried out once within an organization to ensure that employment practices, policies and procedures are accessible and non-discriminatory. A completed plan should be maintained on file and available for public inspection since it is the organization's proof that it has carried out a self-evaluation in this area.]
- Form I - Sample Notice of Non-Discrimination, and
- Form J - Grievance Procedures
[Note: A Sample Notice of Non-Discrimination (Form I) and the Grievance Procedures (Form J) need to be developed once, but displayed prominently at all times. These two forms need to be sent to the PPA only at the time a provider is first prequalified. Completed Forms I and J should be maintained on file and available for public inspection since it is the organization's proof that it has complied in this area.]

Title II (Public Services) Issues and Requirements –

The task force identified the need to address requirements for both Section 504 of the Rehabilitation Act of 1973 (Section 504) and Title II of the ADA by ensuring that providers had carried out a Self Evaluation and Transition Plan for Program and Program Location Accessibility. This plan is an exercise that must be carried out once within an organization (as long as there are no major renovations or the programs have not moved to a new location) to ascertain program location and individual program practices, policies and procedures regarding accessibility for the disabled. A completed Plan should be maintained on file and available for public inspection since it is the organization's proof that it has carried out a self-evaluation in this area.

There were several forms designed to complete the plan:

- Form F- Program Location List - Program Location Review - Discontinued for FY 2002
[Form F was an inventory of all program locations for each provider. Effective for the FY 2002 qualification process, Form F has been consolidated into Form M.]
- Form G - Individual Site Programmatic Accessibility Review
[Form G is an assessment of each program location's accessibility that gets carried out once within an organization to ensure that persons with disabilities can access services. This form only needs updating if the program location undergoes renovations, the program is moved to a new location or accessibility arrangements for the site are still incomplete and the Form G has not previously been submitted in electronic Excel file format. A completed Form G for each program location should be maintained on file and available for public inspection since it is the organization's proof that it has complied in this area.]
- Form L - Communication Accessibility
[Form L is carried out once within an organization to ensure that its practices, policies and procedures are communication accessible and non-discriminatory. A completed Form L should be maintained on file and available for public inspection since it is the organization's proof that it has complied in this area.]
- Form M – Program List & Programmatic Accessibility Implementation Update
(Formerly called “Additional Americans with Disabilities Act Requirements”)
[Form M is part of the annual requalification process and serves to update our agencies on providers' site locations' for services purchased by EOHHS agencies. It also provides certification of the physical and communication accessibility status of the sites. A completed Form M should be should be maintained on file and available for public inspection. It is the organization's proof that it has complied in this area.]

In addition, Form D (now part of consolidated Form A) was extended to require providers to report findings of probable cause and findings of discrimination for both employment and service delivery.

Maintenance of ADA Data:

Based on the data gathered from providers' responses in the prequalification and subsequent requalification exercises EOHHS agencies will have access to the following:

- Information on Accessible Providers. The data will be periodically updated to include providers as they become accessible.
- EOHHS Referral Process to Accessible Providers. A referral process to ensure access to programs, services and benefits for persons with disabilities seeking participation will be available.

Maintenance of Provider Records:

A provider's complete prequalification package (and subsequent requalification packages), including all forms, should be maintained on file and available for public inspection, since it is part of the organization's proof that it has carried out a self evaluation on Title I and Title II issues.

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

NEW PROVIDER SUBMISSION REQUIREMENTS AND APPROVAL PROCESS

EVERY NEW PROVIDER MUST SUBMIT THE FOLLOWING MATERIALS TO THE PPA AA/ADA MANAGER:

- A completed and signed **FORM A**
Form A covers: CERTIFICATION OF PROGRAMMATIC ACCESS AND AFFIRMATIVE ACTION/EQUAL OPPORTUNITY; SEXUAL HARASSMENT POLICY AND PROCEDURES; and an ATTACHMENTS submission check list. The form must be signed by the individual authorized by the organization's governing body to execute contractual agreements with the Commonwealth (known as the Authorized Signatory),
- A completed and signed **FORM E** - SELF EVALUATION AND TRANSITION PLAN FOR EMPLOYMENT PRACTICES RELATING TO PERSONS WITH DISABILITIES
- A completed and signed **FORM L** - COMMUNICATION ACCESSIBILITY
- A signed copy of the NOTICE OF DISCRIMINATION used by the provider organization.
The notice must be consistent with the standard Commonwealth approved provisions appearing in the sample notice appearing in this package (Form I).
- A signed copy of the GRIEVANCE PROCEDURE notice used by the provider organization.
The notice must be consistent with the standard Commonwealth approved provisions appearing in the Form J sample notice in this package.
- A completed Excel file covering **FORM M** - PROGRAM LOCATION LIST & PROGRAMMATIC ACCESSIBILITY IMPLEMENTATION UPDATE and **FORM G** - INDIVIDUAL SITE PROGRAMMATIC ACCESSIBILITY REVIEW
- Any additional information requested by your PPA AA/ADA Manager (see REVIEW AND APPROVAL below)

ALL PROVIDERS AWARDED CONTRACTS WITH THE COMMONWEALTH TOTALING \$50,000 OR MORE MUST FULFILL THE FOLLOWING ADDITIONAL REQUIREMENTS:

- A completed and accurate **FORM B** - WORKFORCE UTILIZATION ANALYSIS/GOAL SETTING SUMMARY must be submitted to the PPA in Excel file format.
- The organization must develop, post and use an **AFFIRMATIVE ACTION/EQUAL OPPORTUNITY AND PROGRAMMATIC ACCESS PLAN** containing *all* elements described in the Commonwealth approved sample plan appearing in this package. A copy of the provider's plan does *not* have to be submitted so long as it contains all elements of the sample plan. ***If the provider's plan does not contain all elements of the sample plan, a copy of the provider's plan must be submitted to the PPA representative for review and approval.***

Where the total combined dollar value of contracts with EOHHS purchasing agencies will not exceed \$50,000 per year use of the Commonwealth approved plan elements is encouraged but not mandated and submission of Excel file Form B information is not required.

Alternative hard copy submission of Form M, Form G and Form B information:

Where standard Excel file submission of these materials would cause unreasonable hardship, the provider organization may seek approval from the PPA representative to submit hard copies of the forms or to submit the information electronically in an alternative file format.

SUBMISSION DEADLINES for New Providers are established by the PPA in conjunction with the Request For Response (RFR) process. Potential New Providers must adhere to established deadlines unless express written approval of an alternative submission time frame is secured from the PPA. *Failure to complete submission requirements by the established deadline may result in disqualification of the bidder.*

REVIEW AND APPROVAL

Provider Prequalification is contingent upon the review and approval of the Affirmative Action/Equal Opportunity and Programmatic Access components of the Prequalification package by the PPA AA/ADA Manager. *Approval will depend on prompt, accurate and complete submission of all required forms and attachments.*

If the review process conducted by the PPA AA/ADA Manager reveals areas in which actual or potential deficiencies exist, the PPA AA/ADA Manager will inform the Provider in writing identifying the deficiencies, proposing remedial action, and setting a deadline for the corrections.

SUBMISSION FORMS & DOCUMENTS

Submission Forms A, B, E, L, M and G appear on pages 8 through 21 of this document. As noted in the overview, Forms B, M and G are to be completed and submitted as Excel97 file submissions. Form A is also included in the Excel file and is designed to be completed electronically before being printed, signed and submitted in hard copy form. Images of those four forms have been reproduced in this document for the convenience of readers. Forms E and L have not been incorporated into the Excel file since they are submitted only by new providers and are not included in the annual requalification process. Those two forms should instead be copied from this document for manual completion and submission.

Notice of Discrimination (a.k.a. Form I), Grievance Procedures (a.k.a. Form J), and Affirmative Action Plan sample documents appear on pages 22 through 27. *Please do not submit copies of these sample documents.* The actual documents in use by your organization should be submitted where required. The samples are included solely for informational purposes so that organizations will know what provisions PPA reviewers will be looking for. Additional minimal content guidance appears in the Instructions section.

Form Instructions and Appendicies (including an Accessibility Guide and other completion aids) comprise the remainder of this package.

An image version of the Excel file **Consolidated Form A** appears on this page.

**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
PA/AA/EO QUALIFICATION
Consolidated FORM A**

CERTIFICATION OF PROGRAMMATIC ACCESS AND AFFIRMATIVE ACTION/EQUAL OPPORTUNITY

Notice is hereby given to the Executive Office of Health and Human Services that, with respect to both employment and provision of services the undersigned Provider intends to comply with the Programmatic Access and Affirmative Action/Equal Opportunity requirements and principles of all applicable Federal and State laws and regulations including, but not limited to, Title VI of the Civil Rights Act of 1964, as amended (P.L. 88-352); the Americans with Disabilities Act of 1990 (as amended); Federal Executive Order 11375 (Nondiscrimination in Employment); Section 504 of the Rehabilitation Act of 1973 (as amended); M.G.L. 151B (Unlawful discrimination because of race, color, religious creed, national origin, ancestry, or sex); The Governor's Code of Fair Practices (Executive Order 227), as amended by State Executive Orders 246 (Disability), and 253 (Vietnam Era Veterans); and State Executive Order 390 (Affirmative Market Program in Public Contracting).

Pursuant to Executive Order 227 and the Commonwealth Terms and Conditions for Human and Social Services, the undersigned provider is aware that receipt of contracts with the Commonwealth totaling \$50,000 or more requires the execution of an Affirmative Action/Equal Opportunity Plan with the purpose of assuring legally required equal opportunity and affirmative action.

Pursuant to M.G.L. Chapter 151B s. 3A (Employer's Policies Against Sexual Harassment), the undersigned provider certifies that it has adopted a Sexual Harassment Policy and has established grievance and other procedures necessary for successful implementation of the policy.

**FINDINGS OF PROBABLE CAUSE/FINDINGS OF DISCRIMINATION
(formerly Form D)**

PLEASE SUMMARIZE ANY AND ALL FINDINGS OF PROBABLE CAUSE TO SUSPECT DISCRIMINATION MADE AGAINST YOU BY THE MASSACHUSETTS COMMISSION AGAINST DISCRIMINATION (MCAD), THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) AND/OR ANY AND ALL FINDINGS OF DISCRIMINATION MADE AGAINST YOU BY THE COURTS ALONG WITH WHATEVER CORRECTIVE ACTIONS YOU HAVE TAKEN TO AVOID RECURRENCES:

- ☐ Please check this box if you have had NO findings of probable cause or findings of discrimination in the past three years.
- ☐ Please check this box and attach summaries and corrective actions if you HAVE HAD any findings of probable cause or findings of discrimination in the past three years.

ATTACHMENTS

Note that former Form F has been discontinued. Form F content is now covered by Form M. Form B, G & M "attachments" are only submitted electronically as an Excel file unless other arrangements have been approved by the PPA.

Requalifying Providers	New Providers	
<input type="checkbox"/>	<input type="checkbox"/>	Form B - Workforce Analysis/Goal Setting Summary
<input type="checkbox"/>	<input type="checkbox"/>	Check here if attached. (If Remedial Plan is also required by your PPA, also attach it and check the Corrective Action Plan box below.)
<input type="checkbox"/>	<input type="checkbox"/>	Check here if claiming submission exemption and contracting with the Commonwealth will not exceed \$50,000/year.
<input type="checkbox"/>	<input type="checkbox"/>	Affirmative Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	Check here if claiming submission exemption because contracting with the Commonwealth will not exceed \$50,000/year.
<input type="checkbox"/>	<input type="checkbox"/>	Check here if EOHHS standard plan is in use or if non-standard plan has already been approved by PPA. Submission is <u>not</u> required.
<input type="checkbox"/>	<input type="checkbox"/>	Check here and <u>attach plan</u> where PPA review of plans not conforming to the EOHHS standard model is required. (See instructions.)
N/A	<input type="checkbox"/>	Form E - ADA Title 1 Employment Practices Self Evaluation (New Providers must attach form.)
<input type="checkbox"/>	<input type="checkbox"/>	Form G - Individual Program Location Review - (New Providers must submit one Form G for <u>each</u> program location. Requalifying Providers must, where applicable, submit the form for each new, significantly modified, or non-accessible program location.)
<input type="checkbox"/>	N/A	Check here if attaching initial filing for New Provider or updated form(s) for Requalifying Provider.
N/A	<input type="checkbox"/>	Requalifying Providers check here if no Form G's are required to be submitted. - See instructions.
N/A	<input type="checkbox"/>	Form I - Non-Discrimination Notice (New Providers must attach copy of their own Non-Discrimination Notice, which must be consistent with the provisions appearing on the Form I sample document.)
N/A	<input type="checkbox"/>	Form J - Grievance Procedure (New Providers must attach copy of their own Grievance Procedures notice, which must be consistent with the provisions appearing on the Form J sample document.)
N/A	<input type="checkbox"/>	Form L - Communications Accessibility (New Providers must attach form.)
<input type="checkbox"/>	<input type="checkbox"/>	Form M - Program List & Programmatic Accessibility Implementation Update (Required for <u>all</u> Providers - Form must be accompanied by site specific Form G's where accessibility modifications are not complete. - See instructions.)
<input type="checkbox"/>	<input type="checkbox"/>	Corrective Action Plan/Findings Summaries (See above Probable Cause/Discrimination section.)
<input type="checkbox"/>	<input type="checkbox"/>	Check here if Corrective Action (a.k.a. "Remedial") Plan/ Finding Summary is required. Enclose all materials with submission.
<input type="checkbox"/>	<input type="checkbox"/>	Check here if no Corrective Action Plan/Finding Summary attachments are required to be submitted.

Provider Name:			Federal Employer ID (FEIN):	
Address:			Qualification ID:	
Telephone:	Voice	TTY	Principal Purchasing Agency:	

AA/EO Manager:	Type/Print Name	Title	Signature
Prgm Access Mngr:	Type/Print Name	Title	Signature

I certify, under the penalties of perjury, that the above information and all accompanying submissions are true and complete, to the best of my knowledge and belief.

Authorized Signatory:	Type/Print Name	Title	Signature	Date
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EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
PA/AA/EO QUALIFICATION
FORM B

WORKFORCE ANALYSIS as of June 30,

Provider Name: FEIN: Qualification ID: PPA:

JOB CATEGORY	Men & Women Totals	MEN					WOMEN					Total Persons with Disabilities		
		Total	White	Black	Hispanic	Asian	Native American	Total	White	Black	Hispanic		Asian	Native American
Official/Administrator														
Professional														
Technical														
Protective Service														
Para-professional														
Clerical														
Skilled Craft														
Service Maintenance														
TOTAL														

GOAL SETTING SUMMARY Enter County name for US Census data used for Parity columns:

JOB CATEGORY	MINORITIES					WOMEN					PERSONS WITH DISABILITIES				
	Number	%	Parity %	Under Util. %	Goal	Number	%	Parity %	Under Util. %	Goal	Number	%	Parity %	Under Util. %	Goal
Official/Administrator															
Professional															
Technical															
Protective Service															
Para-professional															
Clerical															
Skilled Craft															
Service Maintenance															
TOTAL															

Completed by:

Name Title Phone Date

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

FORM E

NEW PROVIDER - SELF EVALUATION AND TRANSITION PLAN ON EMPLOYMENT PRACTICES RELATING TO PERSONS WITH DISABILITIES - TITLE I - AMERICANS WITH DISABILITIES ACT

This Self Evaluation and Transition Plan has been provided as a technical assistance guide to aid in organizing and carrying out accessibility efforts to employment practices AND identifying and eliminating potential problem areas which could lead to discriminating equal access to your programs and services. It is a tool designed to assist you in developing your own approach to ensure that individuals with disabilities can participate in all of your agency's programs and activities in accordance with title I of the Americans with Disabilities Act of 1990. You are encouraged to identify a mix of knowledgeable people with disabilities and advocates for people with disabilities to consult with your agency on barriers to accessibility.

This document is in checklist form and a **"No"** answer to a question indicates an area of needed Improvement. The **Action/Due Date** is the type of improvement (action) that needs to be made and the date of estimated completion for the improvement. We recommend that you maintain this information on file as evidence of your efforts at compliance.

You must complete this FORM and return it to the PPA AA/ADA Manager by the assigned date.

NAME OF PROVIDER OFFICIAL COMPLETING THIS FORM

DATE

SIGNATURE

TITLE

PROVIDER NAME

PROVIDER MASTER SERVICE AGREEMENT NUMBER

PROVIDER ADDRESS

PRINCIPAL PURCHASING AGENCY

OVERVIEW

The landmark Americans With Disabilities Act (ADA) was enacted by the U.S. Congress and signed into law on July 26, 1990. The ADA, which was patterned after the Rehabilitation Act of 1973, and the Civil Rights Act of 1964, recognizes significant civil rights for people with disabilities. Under the ADA, Individuals with disabilities have comprehensive civil rights protections in the areas of employment, public accommodations, state and local government services, transportation and telecommunications.

The ADA has five Titles: Title I deals with Employment, Title II addresses Public Services and Transportation, Title III, Public Accommodations, Title IV, Telecommunications, and Title V covers Miscellaneous Provisions.

Title II prohibits discrimination on the basis of disability in state and local government. It requires that all state programs, activities, and services be accessible to persons with disabilities. To the extent that the Commonwealth of Massachusetts is engaged in a contractual obligation with a provider, that provider is covered by Title II also. Under the Americans With Disabilities Act, the Commonwealth of Massachusetts is required to do a self-evaluation to ensure the existence of equitable access in all are, including those services provided by providers. It is necessary for the Commonwealth to ascertain your level of compliance with the ADA. Please read the enclosed overview of the Americans With Disabilities Act for clarification.

This Self Evaluation and Transition Plan addresses employment policies, practices and procedures in your agency. The completion of this Self Evaluation and Transition Plan is a one time exercise. It is recommended that you maintain a completed copy in your files, and available for public inspection. It is your organization's proof that you have carried out a self evaluation in this area. A time proven method for conducting self-evaluations involves identifying a mix of knowledgeable people with disabilities as well as professional in the rehabilitation field and advocates for people with disabilities to consult with your organization on barriers to employment and general accessibility.

How To Use The Self-Evaluation and Transition Plan

The Self-Evaluation and Transition Plan has been re-worded from legal language into language that is easier to read and understand. A notation in the margin next to each question in the document cites the reference for that question in PL 101 -336 and 29 CFR Part 1630 of the Equal Employment Opportunity Commission Regulations for Title I Employment and 28 CFR Part 35 of the Department of Justice Title II Regulations for State and Local Government Services. Title I prohibits covered employers from discriminating against a qualified individual with a disability in any term, condition or privilege of employment. Citations are from Title I of ADA Law and 29 CFR part 1630 of the EEOC Regulations.

Form E (1 of 4 pages)

The document deals with issues affecting Title II State and Local Government employers and includes a brief introduction. The Title II Regulation as it applies to employment references the standards established by the Equal Employment Opportunity Commission in 29 CFR Part 1630 as applicable compliance standards if the public entity is subject to Title I (has 25 or more employees effective 7/12/1992 and 15 or more employees effective 7/12/1994). However the employment provisions of the ADA become effective for state and local governments (all public entities without regard to the number of persons they employ) effective January 26, 1992. If the public entity is not covered by the EEOC Title I Regulations (29 CFR part 1630), 28 CFR Part 35.140(b)(2) cross references Section 504 of the Rehabilitation Act standards for what constitutes employment discrimination, as established by the Department of Justice in 28 CFR Part 41. Public employers should refer to these regulations for more detailed requirements regarding employment obligations of state and local governments.

YOU MUST ANSWER QUESTIONS 1 THROUGH 17:

1. Sect.102(a) Sect.1630.4 Have you reviewed your employment policies to be sure that you and your employees are giving non-discriminatory treatment to applicants and employees with disabilities? Employment policies to review include recruitment, advertising, and job application procedures, hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right of return from layoff, and rehiring; rates of pay or any other form of compensation and changes in compensation; job assignments, job classifications, organizational structures, position descriptions, lines of progression, and seniority lists; leaves of absence, sick leave, or any other leave; fringe benefits available by virtue of employment, whether or not administered by the covered entity; selection and financial support for training, including apprenticeships, professional meetings, conferences and other related activities, and selection for leaves of absence to pursue training; activities sponsored by a covered entity including social and recreational programs; and any other term, condition, or privilege of employment.

☐ **Yes**

☐ **No** **Action/Due Date:**

2. Sect.102(b)(1) Sect 1630.5 Have you reviewed your employment practices to make sure that they do not restrict, segregate or classify job applicants or employees in ways that adversely affect their opportunities or status because of the disability of the applicant or employee?

☐ **Yes**

☐ **No** **Action/Due Date:**

3. Sect.102(b)(2) Sect 1630.6 Have you reviewed your employment practices to make sure that you are not participating in a contractual or other arrangement or relationship that subjects your qualified applicant or employee with a disability to discrimination (i.e., relationships with employment or referral agencies, labor unions, or organizations that provide fringe benefits, training, or apprenticeship programs)?

☐ **Yes**

☐ **No** **Action/Due Date:**

4. Sect. 102(b)(3) Sect 1630.7 Have you reviewed your employment practices to make sure that you are not using standards, criteria, or methods of administration that have the effect of discrimination on the basis of disability, or that perpetuate the discrimination of others who are subject to common administrative control?

☐ **Yes**

☐ **No** **Action/Due Date:**

5. Sect. 102(b)(4) Sect 1630.8 Have you reviewed your employment practices to make sure that you are giving non-discriminatory treatment to applicants and employees who have a friend, associate, or family member with a disability?

☐ **Yes**

☐ **No** **Action/Due Date:**

6. Sect 102(b)(5)(A) Sect 1630.9 Have you determined the process you will use to decide at which point reasonable accommodation causes an undue hardship?

☐ **Yes**

☐ **No** **Action/Due Date:**

7. Sect 102(b)(5)(A) Sect 1630.9 Do you have a policy concerning "reasonable accommodation" that specifies the decision making process for identifying, arranging for and/or paying for, and determining undue hardship for reasonable accommodation?

☐ **Yes**

☐ **No** **Action/Due Date:**

Form E (2 of 4 pages)

8. Sect 102(b)(5) Sect 1630.9 Do you have a procedure to document decisions not to hire or promote because of "undue hardship"?

☐ **Yes**

☐ **No** **Action/Due Date**

9. Sect 102(b)(6) Sect 1630.10 Have you reviewed the requirements of your job descriptions, employment tests, or other selection criteria) to be sure that no criteria are included that would discriminate against an individual with a disability, unless such criteria are job-related and consistent with business necessity?

☐ **Yes**

☐ **No** **Action/Due Date:**

10. Sect 102(b)(7) Sect 1630.11 Are your hiring procedures (applying, testing and interviewing for a job) carried out in wheelchair accessible locations and accessible formats, such as a reader/Braille/audio cassette for vision impaired people, written materials/sign language interpreters for deaf or hard of hearing people, and personal assistance for people with manual impairments?

☐ **Yes**

☐ **No** **Action/Due Date:**

11. Sect 102(b)(7) Sect 1630.11 Have you made sure that employment tests, including performance, medical, drug and psychological tests, are selected and administered in a way to ensure that test results accurately reflect the skills or aptitude necessary to perform the job rather than reflect the impaired, sensory, manual, or speaking skills of the applicant or employee, unless the sensory, speaking, or manual ability is necessary to perform critical element(s) of the job?

☐ **Yes**

☐ **No** **Action/Due Date:**

12. Sect 102(c) Sect 1630.13 Have you made sure that your employment application forms do not contain questions as to whether an applicant is an individual with a disability?

☐ **Yes**

☐ **No** **Action/Due Date:**

13. Sect 102(c) Sect 1630.13(a) Do you ensure that you do not require medical exams or any other kind of pre-employment inquiry into an applicants disability until after a conditional offer of employment has been made to the applicant?

☐ **Yes**

☐ **No** **Action/Due Date:**

14. Sect 102(c) Sect 1630.13(b) Except as presented in question 15 below, do you ensure that you do not require a medical examination of an employee, or make inquiries into whether an employee is an individual with a disability, or as to the nature and severity of such disability?

☐ **Yes**

☐ **No** **Action/Due Date:**

15. Sect 102(c) Sect 1630.14 If your business conditions an offer of employment based upon the job applicant's satisfactory completion of a medical examination, do your procedures conform to the requirements of the law prohibiting inquiries as to the nature and severity of disabilities except as they are job-related and that information obtained regarding the medical condition or history of any employee is collected and maintained on separate forms and in separate medical files and treated as a confidential medical record, except that: (1)Supervisors and managers may be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodations; (2)First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment; and (3)Government officials investigating compliance with this part shall be provided relevant information on request and that information obtained regarding medical condition or history of any employee shall not be used for any purpose inconsistent with this?

☐ **Yes**

☐ **No** **Action/Due Date:**

Form E (3 of 4 pages)

16. Sect 104 Sect 1630.16 Have you reviewed your personnel policies and practices to be sure that an applicant or employee who is a recovering alcohol or drug abuser (not currently using alcohol or drugs) is included in accordance with the law?

☐ **Yes**

☐ **No** **Action/Due Date:**

17. Sect 105 Have you posted equal employment opportunity notices in an accessible format (i.e. in large print, Braille, and audio cassette) in accordance with Section 105. Posting Notices?

☐ **Yes**

☐ **No** **Action/Due Date:**

(Highly Recommended Steps Not Directly Mandated by the ADA):

1. When you recruit for employees, do your procedures include all types of individuals with disabilities because of the nature of the media used, i.e., print media for individuals who are deaf or hard of hearing and large print, Braille or verbal media for persons with vision impairments?

☐ **Yes**

☐ **No** **Action/Due Date:**

2. Have you written job descriptions for each of your positions that spell out the 'essential functions' of each job in task completion, as opposed to physical or mental characteristic, terms?

☐ **Yes**

☐ **No** **Action/Due Date:**

3. Have you written job descriptions for each of your positions that also spell out the 'marginal functions' of each job (those functions you need performed but that do not absolutely have to be performed by every person occupying that particular position)?

☐ **Yes**

☐ **No** **Action/Due Date:**

4. Have you reviewed your applicant interviewing techniques to make certain that they concentrate on how applicants will complete tasks that are 'essential functions' of the position the applicant is applying for, rather than eliciting information about the applicant's physical or mental condition?

☐ **Yes**

☐ **No** **Action/Due Date:**

5. Have you evaluated work place accessibility?

☐ **Yes**

☐ **No** **Action/Due Date:**

6. Have you looked at barriers to advancement, such as dead-end jobs and pay structures that may deny upward mobility opportunities to employees because of a disability?

☐ **Yes**

☐ **No** **Action/Due Date:**

7. Have you reviewed leave, medical, hospital, accident, life insurance, and retirement policies, transportation and/or day care provided to employees, and other fringe benefits to ensure that they give non-discriminatory treatment to people with disabilities?

☐ **Yes**

☐ **No** **Action/Due Date:**

8. Are your public entities' social and recreational activities accessible to all employees?

☐ **Yes**

☐ **No** **Action/Due Date:**

9. Have you reviewed all of your contracts to ensure that they provide equal opportunities for employees with disabilities to include: (a) Leases - consider applicant, employee and customer access; (b) Off-site events - consider applicant, employee and customer access; (c) Training/Apprenticeships; (d) Collective bargaining agreements?

☐ **Yes**

☐ **No** **Action/Due Date:**

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

FORM L

COMMUNICATION ACCESSIBILITY

Please review the Explanatory Notes on Public Service Communication Accessibility and the Glossary of Terms appearing in the New Provider package before completing this form. Additional information may be obtained through the Sources of Disability Rights Information appendix or by contacting your PPA AA/ADA Manager.

(Provider Chief Executive Officer's Signature)

(Provider Address)

(Provider Name)

(Telephone)

(TTY)

YOU MUST ANSWER/COMPLETE ALL 37 QUESTIONS BELOW:

28 CFR Part 35

1. Sect. 35.160(a)

Have you taken appropriate steps to determine and ensure that communications with applicants, participants, and members of the public with disabilities are as effective as communications with others?

- ☐ NO, please state plan of action and timelines for implementing such:
☐ YES

2. Sect. 35.160(b)(1)

Do you furnish appropriate auxiliary aids and services when necessary to afford an individual with a disability an equal opportunity to participate in, and enjoy the benefits of your service, program, or activity conducted by your public entity?

- ☐ NO, please state Plan of action and timelines for implementing such:
☐ YES

3. Sect. 35.160(2)

In determining what type of auxiliary aid and service are necessary, do you give primary consideration to the requests of the individual with disabilities?

- ☐ NO, please state plan of action and timelines for implementing such:
☐ YES

4. Sect. 35.161

Do you use TTY/TDD's or equally effective telecommunication systems to communicate with individuals with impaired hearing or speech where you communicate by telephone with applicants and beneficiaries?

- ☐ NO, please state plan of action and timelines for implementing such:
☐ YES

5. Sect. 35.163(a)

Do you ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of accessible services, activities, and facilities?

- ☐ NO, please state plan of action and timelines for implementing such:
☐ YES

6. Sect. 35.163(b)

Does your program have appropriate signage (in braille and raised print) to indicate the availability of specialized services for persons who are blind and/or visually impaired, deaf and/or hard of hearing people and where TTY accessible phones can be found?

- ☐ NO, please state plan of action and timelines for implementing such:
☐ YES

SERVICES FOR EFFECTIVE COMMUNICATION:

7. Do you have written policies and procedures ensuring that your staff can access and use auxiliary aids and services for communication access?

- ☐ NO, please state plan of action and timelines for implementing such:
☐ YES

Form L (1 of 5 pages)

8. Have you ever had any problems making certain that auxiliary aids and services are available to persons with disabilities?

- ☐ NO
- ☐ YES, please describe:

9. Is your staff available to provide communications assistance upon request?

- ☐ NO, please state plan of action and timelines for implementing such:
- ☐ YES

10. Do you provide regular information and training to staff to ensure that effective communication access is provided?

- ☐ NO, please state plan of action and timelines for implementing such:
- ☐ YES

TELEPHONE COMMUNICATION:

11. Do you have written policies and procedures for telephone communication accessibility?

- ☐ NO, please state plan of action and timelines for implementing such:
- ☐ YES

12. Does your agency:

(a) have extensive telephone contact with the public?

- ☐ NOT APPLICABLE
- ☐ NO, please state plan of action and timelines for implementing such:
- ☐ YES, **if yes, do you have at least one TTY, or more if appropriate to the size and nature of your operation, to receive incoming calls and for staff to make outgoing TTY calls?**
 - ☐ NO, please state plan of action and timelines for implementing such:
 - ☐ YES

(b) have frequent contact with TTY-users?

- ☐ NOT APPLICABLE
- ☐ NO, please state plan of action and timelines for implementing such:
- ☐ YES, **if yes, are staff on each shift (more than one per shift) trained to recognize and make TTY calls?**
 - ☐ NO, please state plan of action and timelines for implementing such:
 - ☐ YES

(c) provide information by telephone as a major function of the agency?

- ☐ NOT APPLICABLE
- ☐ NO, please state plan of action and timelines for implementing such:
- ☐ YES, **if yes, and if a separate TTY number is permissible by law for access to your agency and in place, do you publicize it appropriately on letterhead, in phone directories, and on business cards?**
 - ☐ NO, please state plan of action and timelines for implementing such:
 - ☐ YES

(d) provide emergency call services by telephone (including E911)?

- ☐ NOT APPLICABLE
- ☐ NO, please state plan of action and timelines for implementing such:
- ☐ YES

(e) publicize your TTY/TDD number?

- ☐ NO, please state plans and timelines for purchasing a TTY/TDD:
- ☐ YES, **if so, how do you publicize this number?** _ New England Telephone Directory _ Business Cards _ Letterhead _ Newsletter _ Brochures _ Other

(f) have available a TTY/TDD with large print and braille read out?

- ☐ NO, please state plan of action and timelines for implementing such:
- ☐ YES

13. Do you train staff to recognize calls from and use the Massachusetts Relay Service [1 (800) 439-2370] appropriately? NOTE: Although operators of the Mass. Relay Service sign on to a code of ethics which includes a statement to maintain confidentiality, the express permission of the person with a disability must be obtained if the Relay Service is to be used for confidential communications protected under the state Privacy Act except for emergency purposes.

- ☐ NO, please state plans and timelines for implementing such:
- ☐ YES:

Form L (2 of 5 pages)

14. **If public telephones are available for members of the public or for clients who are hearing, is a TTY available for a client when needed?**
 - ☐ NO, please state plans and timelines for implementing such:
 - ☐ YES:
15. **If public telephones are available for members of the public or clients who are hearing, is access to such telephone(s) available via an amplified handset or amplified telephone?**
 - ☐ NOT APPLICABLE
 - ☐ NO, please state plans and timelines for implementing such:
 - ☐ YES
16. **If you have electronic voice mail/automated push button telephone systems for incoming calls and if you are likely to receive frequent TTY calls or provide information service to the public, do you have and publicize an alternate number for TTY callers or a system which will accept TTY calls as well as hearing/voice calls?**
 - ☐ NOT APPLICABLE
 - ☐ NO, please state plans and timelines for implementing such:
 - ☐ YES
17. **Are telephones which are, or might be used by hard of hearing people, hearing aid compatible?**
 - ☐ NOT APPLICABLE
 - ☐ NO, please state plans and timelines for implementing such:
 - ☐ YES

INTERPRETER SERVICES:

18. **Do you have written policies and procedures to secure interpreters for clients who are deaf and CART Reporters, as appropriate, for clients who are deaf or hard of hearing?**
 - ☐ NO, please state plan of action and timelines for implementing such:
 - ☐ YES
19. **Have you and do you regularly provide training to staff on when and how to obtain an Interpreter for the Deaf, a CART Reporter, Tactile Interpreter for the deaf-blind when needed?**
 - ☐ NO, please state plan of action and timeline for implementing such:
 - ☐ YES
20. **Do you have a means of communicating with a deaf-blind person? (ie. a braille-talk communication device)**
 - ☐ NO, please state plan of action and timeline for implementing such:
 - ☐ YES

ALTERNATIVE FORMATS:

21. **Do you have written policies and procedures for ensuring that documents will be made available in alternate formats when requested?**
 - ☐ NO, please state plan of action and timelines for implementing such:
 - ☐ YES
22. **Do you have alternative materials and/or procedures to provide communication access for individuals who cannot read or cannot read well?**
 - ☐ NO, please state plan of action and timelines for implementing such:
 - ☐ YES
23. **Do you ensure that documents provided to clients are available in alternative formats?**
 - (a) **Are regular printed materials easy to read, with clear type?**
 - ☐ NO, please state plan of action and timelines for implementing such:
 - ☐ YES
 - (b) **Are large print versions of printed materials available?**
 - ☐ NO, please state plan of action and timelines for implementing such:
 - ☐ YES
 - (c) **Is printed information available on audio tape?**
 - ☐ NO, please state plan of action and timelines for implementing such:
 - ☐ YES
 - (d) **Is printed information available on computer diskette?**
 - ☐ NO, state plan of action and timelines for implementation:
 - ☐ YES
 - (e) **Are brailled versions of printed materials available?**
 - ☐ NO, state plan of action and timelines for implementation:
 - ☐ YES

Form L (3 of 5 pages)

(f) Is a staff member available to read written information out loud when needed?

- ☐ NO, state plan of action and timelines for implementation:
- ☐ YES

ASSISTIVE DEVICES:

(These are devices your agency could have on hand for client use.)

- 24. Do you have written policies and procedures for obtaining and providing assistive devices or systems (such as closed circuit reading systems, text to speech scanners) for clients and functions performed at your agency, such as training, counseling sessions, meetings, interviews and so on?**
- ☐ NO, state plan of action and timelines for implementation:
 - ☐ YES
- 25. Do you have written policies and procedures on types of equipment or assistive devices a client may bring into the premises? (guide/assistance dogs, wheelchairs, walkers, brailers, battery chargers, tape recorders, crutches, etc.)**
- ☐ NO, state plan of action and timelines for implementation:
 - ☐ YES
- 26. Do your written policies and procedures restrict the types of equipment or assistive devices (guide/assistance dogs, wheelchairs, walkers, brailers, battery chargers, tape recorders, crutches, etc.) a client may bring to the agency?**
- ☐ NO
 - ☐ YES, please state policies and reason for such policies:
- 27. If you have a meeting room, theater, or auditorium, is an assistive listening system installed or are assistive listening devices available? (audio loop, FM or infrared systems, pocket talker, etc.)**
- ☐ NOT APPLICABLE
 - ☐ NO, state plans of action and timelines for purchases of which types of assistive devices:
 - ☐ YES
- 28. If you have a TV available for clients, does it have a Caption Decoder or has a built-in Caption Decoder Chip? NOTE: ALL TV's 13" or larger manufactured on or after July 1, 1993 must include a computer chip that performs the same function as the Decoder units. This will eliminate the cost and problem of attaching a separate caption decoder to the TV.**
- ☐ NO, state plans and timelines for implementation:
 - ☐ YES
- 29. If you answered yes to 30 above, has your staff been trained to use the accessible TV equipment?**
- ☐ NOT APPLICABLE
 - ☐ NO, state plans and timelines for training:
 - ☐ YES
- 30. If you use movies and videos for clients, do they contain close caption and descriptive video service?**
- ☐ NOT APPLICABLE
 - ☐ NO, please state plan of action and timelines for implementation :
 - ☐ YES, please help us develop a resource library by listing titles and subjects of your movies and video.
- 31. Do you have, or, should the need arise, would you know how to obtain, visual, tactile and visual/tactile signaling devices for events which hearing clients are alerted to by sound (including wake-up device, bed shaker; visual/tactile wake-up alarm; visual/tactile smoke/fire alarm; visual door knocker to ensure client privacy and safety)? NOTE: Some of these devices may be applicable only to residential programs)**
- ☐ NOT APPLICABLE
 - ☐ NO, please state plan of action and timelines for implementation:
 - ☐ YES

EMERGENCY COMMUNICATIONS:

- 32. Do your written alarm/emergency evacuation procedures include persons with disabilities?**
- ☐ NO, please state plan of action and timelines for implementation of such:
 - ☐ YES
- 33. Are your written alarm/emergency evacuation procedures explained to clients?**
- ☐ NO, please state plan of action and timelines for implementation of such:
 - ☐ YES

Form L (4 of 5 pages)

34. Who is responsible for coordinating and training for alarm/emergency evacuation?

Name:

Title:

35. Do you have audible/visual/tactile (smoke/fire/evacuation) alarms for persons who are blind/visually impaired, deaf/hard of hearing, and/or deaf blind? (offices, bedrooms, bathrooms, kitchens, public areas etc. This pertains to ALL programs)

- ☐ NO, please state plan of action and timelines for implementation of such:
- ☐ YES

36. Do you have available a vibrating personal alert system for smoke, fire alarm, evacuation and telephone calls that can be used by a deaf-blind person?

- ☐ NO, please state plan of action and timelines for implementation of such:
- ☐ YES

37. Do you ensure that telephone emergency services, including 911 services, provide direct access to individuals who use TTY/TDD's and computer modems?

- ☐ NOT APPLICABLE
- ☐ NO, please state plan of action and timelines for implementing such:
- ☐ YES

**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
PA/A&EO QUALIFICATION**

Form M - PROGRAM LIST & PROGRAMMATIC ACCESSIBILITY IMPLEMENTATION UPDATE

The purpose of this form is to register site information and to annually update the Commonwealth on the status of your accessibility in compliance with state and federal laws (e.g., the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, M.G.L. 151B). In prior fiscal years, providers were required to submit separate copies of various accessibility requirements. Your organization should have copies of these forms on file, including Forms F (a now discontinued Program Locator) List and G and the new discontinued Form H. Form L covers Communication Accessibility arrangements for the entire organization. (Providers participating in the qualification process prior to FY 1998 completed a "Form H" which included the Form L content.) Form G, submitted for each location, covers the Programmatic Accessibility status of each location. Requalifying providers are not required to resubmit these forms except in situations where new locations have been established, where major modifications have been made to a site or where a site remains less than fully accessible (which requires, in addition to Form M, submission of a new Form G for the site).

Provider Name:		FEIN:		Qualification ID:		PPA:	
List only those sites where services purchased by the Commonwealth are located (including staff office space where services are delivered off-site) and administrative or other sites indirectly associated with the operation of state purchased service programs.							
Enter "Y" if entity updated	UFR Program Number*	Description: Enter brief description (e.g., "At-Risk Child Case," "In-Home Respite office space").	Sub-contractor FEIN if applicable	Site Address Where site Number/Street Address locations are confidential for client security reasons (e.g., Domestic Violence Shelters), enter "Confidential" in Number/Street Address field, but be sure to enter zip code	City/Town	State	Zipcode
		Number/Street Address					
1	ADMINI						
2							
3							
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15							

Completed by: _____ Title: _____ Phone: _____ Fax: _____
 Continued on additional sheets.

* Except for administrative office sites, which should be consecutively labeled "Admin1", "Admin2", etc., enter the UFR Program Number. This number, used to identify the program on Uniform Financial Statement and Independent Auditor's Report (UFR) filings, should also appear on the contract/Attachment 1 Program Cover Page. Note that where a single program operates at multiple sites, the UFR Program Number should be repeated for each site listing. All sites must be entered as specified in the instructions for this form.

** For program site locations (not administrative office sites), please enter the total annual program capacity for the site in the unit field and a text unit definition (e.g., "bed days") in the text field. State the full program site capacity, not just the contracted purchase capacity.

*** If the site is not yet fully accessible, enter the planned date for making the site accessible and submit a completed Form G for the site, including a full explanation of the circumstances and referral arrangements to other accessible programs. Where the data field is left blank, the organization is certifying that, to the best of its knowledge and belief, the site is fully accessible in compliance with all applicable state and federal requirements.

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES										PA/AA/EO QUALIFICATION										Form M - PROGRAM LIST & PROGRAMMATIC ACCESSIBILITY IMPLEMENTATION UPDATE										PAGE: 2	
Provider Name:		FEIN:		City/Town		State		Zipcode		Qualification ID:										PPA:											
Enter "Y" if entry updated	UFR Program Number	Description: Enter brief description (e.g., "After-school Child Care", "In-Home Respite office space")	Sub-contractor FEIN if applicable	Site Address Where site Number/Street Address locations are confidential for client security reasons (e.g., Domestic Violence Shelters), enter "Confidential" in Number/Street Address field, but be sure to enter zip code										Enter 4 character MMARS program code for each EO/HHS agency purchasing services from program (either directly or through subcontract) - see instructions and program code list.										Program Site Capacity	Text	Units	If not Accessible Enter Planned Date**				
				Number/Street Address	City/Town	State	Zipcode	DMH Code	DMR Code	DPH Code	DSS Code	DTA Code	DYS Code	HCF Code	MCB Code	MCD Code	MRC Code	OCCS Code	ORI Code	Enter "Y" if Medicaid or MBHP funds											
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Provider Name	FEIN	Qualification ID	PPA	Form M Row	Form M Description	Form M Site Address

1. Have you consulted with persons with disabilities in reviewing this site? (Y/N)		2. Enter Yes or No (Y/N) for applicable service arrangements at this location: <input type="checkbox"/> Service provided at this site <input type="checkbox"/> Off-site at client's home <input type="checkbox"/> Other: _____ <i>If you provide any services on-site (including where clients are expected to go to your office for any reason), please complete items 3 through 12. If face to face client contact only takes place at client homes or other off-site locations, skip to item 13 preparer contact information.</i>		10. To determine if there is a route (called the "accessible route"), which is free of access barriers in this site, please respond to the following:						
3. Do you currently provide services at this site to persons with disabilities? (Y/N)		<input type="checkbox"/>		ROUTE IS FREE OF STEPS TO	CORRIDOR IS AT LEAST 36" WIDE	48" X 48" ELEVATOR WITH 36" DOOR	AT LEAST 32" WIDE DOOR	DOOR CAN BE OPENED WITH CLOSED FIST	18" DOOR HANDLE TO WALL CLEARANCE	AREA/ ROOM IS BARRIER FREE
4. Respond Yes or No (Y/N) to the following: Does the site have an entrance that				ENTER CODES: YES = Y; NO = N; N/A = Z						
<input type="checkbox"/> is free of steps; <input type="checkbox"/> has a door that can be opened with a closed fist;				Sleeping Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> has 18" clearance between the door handle and the wall?				Bathing Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> has a door with a minimum width of 32"; <i>If any item 4 response is No, skip to item 7.</i>				Toilet Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the accessible entry the main public entrance (rather than a delivery entry)? (Y/N)				Toilet Stall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If not, is there a sign directing people to the accessible entrance? (Y/N, Blank if N/A)				Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Enter Yes or No (Y/N) for any provisions for people with visual impairments:				Waiting Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> raised letter or Braille signs; <input type="checkbox"/> materials in Braille or on tape; <input type="checkbox"/> Other (specify): _____				Meeting Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> audible fire/emergency alarms;				Eating Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Enter Yes or No (Y/N) for any provisions for people with hearing impairments:				Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> available sign language interpreter; <input type="checkbox"/> telecommunications device; <input type="checkbox"/> Other (specify): _____				Class Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> visual fire/emergency alarms;				Office Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If so, please complete item 10; then skip to item 13. Preparer contact information.

10. Can the accessible site physically accommodate an increase in referrals of persons with disabilities? (Y/N) ☐ Comments/response qualifications:

Complete items 11 and 12 if the site is not fully accessible.

11. What modifications or changes are you planning in order to achieve accessibility?

Please provide an estimated completion date for achieving accessibility: (mm/dd/yyyy)

12. If the site is not fully accessible to persons with disabilities, please describe your referral mechanism to services at alternative, fully accessible sites:

Please provide the name and location of accessible service providers with whom you have established referral arrangements:

13. Preparer information:

Identify the individual responsible for ensuring that the information contained in this document accurately reflect the conditions present at the site as of the review completion date.

Name Title Phone Date

SAMPLE NOTICE OF NON DISCRIMINATION

(FORM I)

This is to notify all persons that (Name of Provider) does not discriminate against any person because of her/his race, color, religious creed, national origin, sex, sexual orientation, which shall not include persons whose sexual orientation involves minor children as the sex object, age, ancestry, disability or marital status in the provision of or access to services, employment and activities.

This is in accordance with all applicable federal and state law, including, but not limited to, Section 504 of the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, as amended, the Civil Rights Act of 1964, as amended, Article 114 of the Massachusetts Constitution, Chapters 151B and 272, sections 92, 98, and 98A, of the Massachusetts General Laws and Executive Orders 227, 246 and 253.

(Name of person) is designated to administer compliance with the law and regulations.

For further information about our policies and grievance procedures for the resolution of complaints contact:

(Name of Provider's Affirmative Action/Equal Opportunity Manager)

(Name of Provider's Programmatic Access Manager [ADA Coordinator])

(Provider Chief Executive Officer's Signature)

(Provider Name)

(Provider Address)

(Telephone)

(TTY)

SAMPLE GRIEVANCE PROCEDURE

(FORM J)

(Provider Name) has adopted an informal grievance procedure providing for prompt and equitable resolution of complaints alleging any violation of state and federal laws and regulations protecting individuals from discrimination based on her/his race, color, religious creed, national origin, sex, sexual orientation, which shall not include persons whose sexual orientation involves minor children as the sex object, age, ancestry, disability or marital status in the provision of or access to services, employment and activities.

The laws and regulations may be examined in the office of (name of the person designated to administer the grievance procedure), at (address), (telephone number), (TTY). This person has been designated to coordinate the efforts of the organization to comply with the regulations:

1. Where possible, a complaint should state the name and address of the person filing it, briefly describing the alleged action prohibited by the laws and regulations and the date it allegedly occurred.
2. A complaint should be filed in the office of (name of the person designated above to coordinate this effort) within a reasonable amount of time (no more than thirty [30] days) after the person filing the complaint becomes aware of the action alleged to be prohibited by the laws or regulations.
3. (Name of the person designated above to conduct this effort) shall investigate the complaint to determine its validity. These rules contemplate informal but thorough investigations, affording all and their representatives, if any, an opportunity to submit evidence relevant to the complaint.
4. (Name of the person designated above to conduct this effort) shall issue a written decision determining the validity of the complaint no later than thirty [30] days after its receipt and issue a corrective action plan where necessary.
5. (Name of the person designated above to conduct this effort) shall maintain the files and records relating to complaints filed hereunder. (Name of the person designated above to conduct this effort) may assist persons with the preparation and filing of complaints, participate in the investigation of complaints and notify the Chief Executive Officer or Head of the Board of Directors of the Provider of the resolution of the complaints.
6. The right of a person to the prompt and equitable resolution of a complaint filed hereunder shall not be impaired by the person's pursuit of other remedies, such as the filing of a complaint with the Office for Civil Rights of the United States Department of Health and Human Services and/or any other federal agency, the Massachusetts Commission against Discrimination and/or any other state agency or any state or federal court.
7. These rules shall be liberally construed to protect the substantial rights of interested persons, to meet appropriate due process standards and assure compliance with the law and regulations.

(Provider Chief Executive Officer's Signature)

(Provider Name)

(Provider Address)

(Telephone)

(TTY)

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

SAMPLE AFFIRMATIVE ACTION/EQUAL OPPORTUNITY AND PROGRAMMATIC ACCESS PLAN FOR NEW PROVIDERS

I. GENERAL POLICY

[Provider] (If your organization were to adapt this Sample Plan for use as your own Plan then the name of your organization would appear where the notation [Provider] appears.) assures equal opportunity and public access, and if necessary, affirmative action in all its policies regarding employment and provision of services. Additionally, [Provider] officially states that all persons who are members of a groups specifically protected by law from discrimination are considered to be covered by this plan.

NON-DISCRIMINATION

[Provider] shall not discriminate in its programs or policies on the basis of race, color, creed, religion, ancestry, national origin, age, disability, sex, marital status and sexual orientation.

[Provider] shall not maintain or tolerate facilities which are unlawfully segregated on the basis of race, color, creed, religion, ancestry, national origin, age, disability, sex, marital status or sexual orientation.

RESPONSIBILITY

[Provider] shall make all its personnel aware that it is the responsibility of each member of management, from the head of the organization to front line supervisor, to give the nondiscrimination policy announced in this plan full support through inspirational leadership and personal example. [Provider] shall inform every employee that it is their personal duty to help create an environment which is conducive to nondiscrimination and equal opportunity.

POLICY STATEMENT

[Provider] shall issue a Policy Statement which shall be displayed in a prominent location at each site for the benefit of employees, clients, and the public, and which shall be distributed to all employees and applicants for employment. The Policy Statement shall include the following:

- o a statement of Equal Opportunity and Non-Discrimination in employment policies and practices,
- o a statement of willingness to take Affirmative Action, if it is needed, to reach the goals incorporated in this plan,
- o a statement of Equal Opportunity and Non-Discrimination in provision of services,
- o a statement of compliance with federal and state law,
- o the name of the person designated by [Provider] to serve as [Provider]'s AA/EO Manager,
- o the name of the person designated by [Provider] to serve as [Provider]'s Programmatic Access Manager, and
- o the signature of [Provider]'s Chief Executive Officer.

[Provider] believes that special measures and extraordinary effort are required to prevent discrimination and eliminate it within the organization. It pledges itself to a determined and sustained effort in support of this belief.

[Provider] encourages initiative and personal leadership by individuals as the best means to ensure success of this Plan and wants to meet this challenge in a positive and constructive spirit. Violations of this Plan shall be met with appropriate action.

[Provider] shall work cooperatively with, and seek the assistance of, appropriate groups and individuals, government agencies, educational institutions, civic organizations, study groups, and suppliers in implementing this plan.

SUB-CONTRACTS

If [Provider] enters into subcontracts in order to purchase services, supplies and/or equipment, or construction as part of its performance of a contract with the Commonwealth then, pursuant to Massachusetts Executive Order 390, [Provider] shall affirmatively seek to utilize Minority Business Enterprises (MBE) and Women Business Enterprises (WBE). [Provider] shall report to the PPA, on a quarterly basis the amount it spent with any MBE and WBE separately.

REPORTING AND RECORD KEEPING

[Provider] shall establish and maintain a formal reporting and auditing system to measure the attainment of its goals of equal opportunity and non-discrimination in employment and service provision. [Provider] shall furnish information as may be required to comply with applicable law.

II. NON-DISCRIMINATION IN SERVICE PROVISION

[Provider], in furnishing any aid, benefit or service may not unlawfully discriminate against any person covered by this plan.

Sample AA Plan (1 of 4 pages)

RESPONSIBILITY

[Provider] has assigned overall responsibility for ensuring Equal Opportunity and Non-Discrimination in the provision of services to a Programmatic Access Manager, [Name] (If your organization were to adapt this sample plan for your use the name of your Programmatic Access Manager would appear here.), a highly placed member of the staff of [Provider] who has full authority to implement the Service Provision portion of this plan.

- A. [Provider] shall not, on the basis of a qualified individual being a person covered by this plan ([Provider] considers any person who meets lawful, predetermined and announced eligibility requirements for receipt of services or program participation to be a qualified individual.):
1. deny any qualified individual the opportunity to participate in, or benefit from, an aid, benefit or service;
 2. aid or perpetuate discrimination against qualified individuals by providing significant assistance to an agency, organization or person that discriminates;
 3. otherwise limit a qualified individual in the enjoyment of any right, privilege, advantage or opportunity enjoyed by others receiving the aid or benefit.
- B. [Provider] shall, with respect to a qualified individual with a disability or a class of individuals with disabilities ([Provider] considers a person with a disability who, with or without reasonable modifications to rules, policies, practices, or the removal of architectural, communication or transportation barriers, meets essential eligibility requirements for receipt of services or program participation to be a qualified individual.):
1. provide an opportunity to participate in or benefit from an aid, benefit or service that is equal to that provided to others;
 2. provide an aid, benefit or service that is as effective in affording equal opportunity to obtain the same result, to gain the same benefit or to reach the same level of achievement as provided to others;
 3. provide the same opportunity to participate as a member of planning or advisory boards as is provided to other qualified individuals;
 4. make such reasonable modifications in policies, practices and procedures as are necessary to avoid discrimination on the basis of disability.
- C. Additionally, [Provider] shall:
1. assure that programs, and activities, when viewed in their entirety, are readily accessible to, and usable by individuals with disabilities;
 2. assure that any new facilities constructed after January 26, 1992 are readily accessible to, and usable by, individuals with disabilities in accordance with the Uniform Federal Access Standards, or the Federal ADA accessibility guidelines, or other guidelines that provide equivalent or better access;
 3. take appropriate steps to insure that communications with individuals with disabilities are as effective as communications with others and shall furnish all appropriate auxiliary aids and services as are necessary to ensure equal opportunity.
- D. [Provider] shall not provide a qualified individual with a disability, or a class of individuals with disabilities, different or separate aids, benefits or services than are provided to others unless such action is necessary to provide those individuals with aids, benefits or services as effective as those provided to others.

GRIEVANCES

- E. [Provider] shall establish legally adequate grievance procedures for complaints of discrimination or a lack of equal opportunity in service provision. As part of its duties under that policy [Provider] shall:
1. inform all clients that any complaints of discrimination or a lack of equal opportunity in service provision should be reported to [Provider]'s Programmatic Access Manager, who will investigate and initiate corrective action as needed;
 2. require that if the complaining party gives oral or written notice to [Provider]'s Programmatic Access Manager that he/she is not satisfied with the action taken, then [Provider]'s Programmatic Access Manager must inform the aggrieved party that she/he can report her/his complaint to the Department's Deputy Director of Affirmative Action, the Massachusetts Commission Against Discrimination, the Courts or other established local, state or federal entities.
 3. require that [Provider]'s Programmatic Access Manager inform the Department's Deputy Director of Affirmative Action of any complaint not resolved within the time frame for internal resolution specified in [Provider]'s grievance procedure.

Sample AA Plan (2 of 4 pages)

III. EMPLOYMENT POLICIES AND PROCEDURES

RESPONSIBILITY

[Provider] has assigned overall responsibility for ensuring Equal Opportunity and Non-Discrimination (and if needed, Affirmative Action) in employment policies and practices to an Affirmative Action/Equal Opportunity Manager (AA/EO Manager), [Name] (If your organization were to adapt this plan for your use the name of your Affirmative Action/Equal Opportunity Manager would appear here.), a highly placed member of the staff of [Provider] who has full authority to implement the Employment portion of this plan.

[Provider]'s AA/EO Manager shall be involved in all personnel decisions involving persons covered by this plan.

RECORD KEEPING

[Provider]'s AA/EO Manager shall compile records of such personnel decisions. Such records shall include the rationale for hiring, transferring, promoting, training, demoting, and dismissing specific individuals over others. A file on each personnel decision must be kept for review. These records are to be kept in [Provider]'s Affirmative Action/Equal Opportunity files and shall be furnished to representatives of the Executive Office, the PPA and/or Contracting Agency upon request.

SCOPE

[Provider] shall adhere to basic AA/EO concepts for employment policies and practices. Specifically, all employment policies, practices, and procedures including recruitment, hiring, transfer, promotion, compensation, training, layoff, termination and recall must comply with the spirit and the letter of all applicable federal and state law. This includes procedures for outreach recruitment, record-keeping, and any training and self-evaluation plans that may be required by such laws.

[Provider] shall review its entire employment system to identify barriers to equal advancement opportunities for all persons covered by the Provider's Plan and initiate remedial action when needed. Such remedial action may include taking steps to comply with Federal guidelines governing the purchase and lease of electronic office equipment usable by or adaptable to the needs of persons with disabilities.

HIRING AND PROMOTIONS

[Provider] shall consider Equal Opportunity guidelines and Affirmative Action program goals when promoting or assigning staff to different positions. EO guidelines and AA program goals will be considered before positions are filled externally.

[Provider] shall consider all qualified applicants for all job categories and:

1. give written notice of this policy to its recruiting sources, including schools, colleges, employment offices, and [Provider] shall urge them to refer qualified persons covered by this Plan;
2. ask all unions representing its employees to refer qualified persons covered by this Plan;
3. request appropriate organizations to assist in making known the Provider's policy and advise such groups of available employment opportunities.

When the need for skilled applicants arises and [Provider] plans to recruit at educational institutions, institutions having large enrollments of women, minorities or people with disabilities shall be included in the recruiting schedule.

[Provider] shall submit notification of a position vacancy to its AA/EO Manager and the Contracting Agency AA/EO Manager at least five (5) working days prior to advertising / circulation of a notice seeking candidates to fill the vacancy.

Position vacancy notices shall be posted for a minimum of five (5) working days and circulated to organizations and agencies which serve persons covered by this Plan. When appropriate, media advertising shall be utilized which includes the use of minority media. Each position vacancy notice shall include the statement:

"AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER".

[Provider] shall review job classifications where few persons covered by this plan are presently employed and seek to determine the cause for such deficiency. Affirmative commitments shall be undertaken to remedy the underutilization of protected class employees in any of these job classifications.

[Provider] shall monitor placement, promotion and transfer activities at all levels to assure that full consideration, as required by policy, has been given to all qualified persons covered by this Plan.

TRAINING

[Provider] shall regularly review all On-the-Job training programs, as well as other training and educational programs to which [Provider] gives support or sponsorship, to assure that all persons covered by this Plan, as well as all other employees, are given equal opportunity to participate.

[Provider] shall take affirmative steps, when necessary, to ensure that all training programs are accessible to protected class members.

[Provider] shall take appropriate steps to give active encouragement to all employees covered by this Plan to increase their skills and job potential through participation in available training and educational programs. When necessary to meet this Plan's goals [Provider] shall affirmatively seek the inclusion of protected class employees in any apprenticeship program in which the Provider participates.

[Provider] shall offer In-Service training for all employees in order to help them develop a better understanding of Affirmative Action/Equal Opportunity procedures.

Sample AA Plan (3 of 4 pages)

DOWNGRADES, TERMINATIONS AND RECALLS

When planning for, or executing, layoffs, reductions in force, transfers, terminations, downgrading and recalls from layoffs, [Provider] shall consider the impact of such an action, or group of actions, on persons covered by this plan.

COMPENSATION

[Provider] shall ensure that there will be no disparity, based upon an employee being a person protected by this Plan, in:

1. the rates of compensation received by employees for performing equivalent duties,
2. opportunities for performing overtime work, or
3. opportunities to otherwise earn increased compensation.

For example, [Provider] shall not tolerate any disparity as to rates of compensation for performing equivalent duties between male and female employees.

GRIEVANCES

[Provider] shall establish legally adequate grievance procedures for complaints of discrimination, sexual harassment and a lack of equal opportunity in employment. [Provider] shall:

1. inform all personnel that any complaints of discrimination or a lack of equal opportunity in employment should be reported to [Provider]'s AA/EO Manager, who shall investigate and initiate corrective action as needed;
2. require that if the complaining party gives oral or written notice to [Provider]'s AA/EO Manager that he/she is not satisfied with the action taken, then [Provider]'s AA/EO Manager must inform the aggrieved party that she/he can report her/his complaint to the Department's Deputy Director of Affirmative Action, the Massachusetts Commission Against Discrimination, the Courts or other established local, state or federal entities.
3. require that [Provider]'s AA/EO Manager inform the Department's Deputy Director of Affirmative Action of any complaint not resolved within the time frame for internal resolution specified in [Provider]'s grievance procedure.

WORKFORCE ANALYSIS AND GOAL SETTING

[Provider] shall periodically analyze its staffing to determine whether protected class members are employed in specific job categories at levels representative of those in the workforce at large. As part of this process [Provider] shall:

1. establish goals designed to alleviate any underutilization of persons covered by this plan when necessary and establish timetables prescribing when these goals should be met. [Provider] shall act in good faith and make a reasonable effort to fulfill its goals and meet its timetables;
2. review the procedures used in its employment system to identify barriers to equal employment and advancement opportunities for all persons covered by this Plan, and remedial actions identified in the Provider's internal self-evaluation plan;
3. develop and incorporate into this plan
 - a. a workforce utilization analysis of the Provider's staff in each job category by race, disability, sex and ethnic identification, and
 - b. a goal setting summary comparing the Provider's workforce figures (%) with the availability of protected class members in the geographical areas in all categories; and setting goals by job category, race, sex and ethnic identification when underutilization is present for protected class members.

INSTRUCTIONS FOR SUBMISSION FORMS AND DOCUMENTS

Instructions for Forms A, B, E, L, M & G and for the Non-Discrimination Notice, Grievance Procedure, and Affirmative Action Plan documents appear on the following pages. Note that additional information also appears on the forms themselves, in the Excel spreadsheet application (for Forms A, B, M & G), and in the appendices to this package (e.g., the Accessibility Guide pertaining to the Form G review). *If you have any remaining questions after reviewing this material, please feel free to contact your PPA representative for assistance.* While prequalification submissions for potential new providers are typically processed in conjunction with their first bid response, the prequalification submission process is separate from the RFR response process and is not subject to the RFR restrictions on bidder communication and technical assistance. Your PPA representative will make every effort to assist you in completing prequalification submission requirements.

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

INSTRUCTIONS FOR FORM A

Form A is included as a worksheet in the Excel97 file spreadsheet application and is designed to be completed electronically since information entered on the form is used to pre-fill other cells on the remaining form worksheets in the file. Upon completion, Form A should be printed and signed by the organization's Authorized Signatory (the person authorized by the governing board to enter into contracts with the Commonwealth on behalf of the organization – usually the CEO) as well as by the organization's AA/EO and Programmatic Accessibility Managers. The signed hard copy of Form A is then submitted to the PPA along with all other required hard copy prequalification submission materials and the required electronic Excel file submission of Form M and, where applicable, forms B and G.

The upper portion of the form consists of Programmatic Access and AA/EO/Non-Discrimination related compliance certifications.

The Findings of probable Cause/Findings of Discrimination section contains two self explanatory check boxes. Check the No Findings box if there have been no findings in the past three years. Check the other box and attach summaries and corrective action information to your prequalification submission if there have been any findings.

The Attachments section is simply a submission check list with two separate columns, one for use by New providers and the other for use by Requalifying providers in the annual renewal process that occurs each fall. Please take care to check the correct boxes in the correct column.

The lower portion of the form requires entry of the organization's name, business address and voice and TTY telephone numbers.

The organization's 9 character Federal Employer Identification Number (FEIN) must also be entered. Municipalities should note that the Office of the State Comptroller has assigned each Municipality a "047..." series substitute code to be used in lieu of the actual FEIN for state contracting purposes. Please use this substitute code if your organization is a Massachusetts municipality.

The Qualification ID code (e.g., "100789") is assigned by the E.O.H.H.S. Principal Purchasing Agency designated to process your organization's submission. If you do not know the code, please contact your PPA representative for assistance.

The Principal Purchasing Agency should also be entered. Note that the Excel application provides a drop down list of standardized abbreviations for this purpose.

Finally, please data enter the names and titles for the Authorized Signatory, AA/EO and Programmatic Accessibility Managers.

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

INSTRUCTIONS FOR FORM B

➤ For the **WORKFORCE ANALYSIS:**

1. Enter the year "2000" in the "as of June 30, _____" field of the worksheet.
2. The Provider Name, FEIN, Qualification ID, and PPA fields should all be prefilled on the worksheet, assuming that the Excel Form A worksheet was completed first. These fields will have to be filled in by hand where the organization has been authorized to complete and submit Form B manually in lieu of the Excel submission.
3. Enter the agency staff numbers by job category for each column, using your organization's data as of June 30, 2000. Totals will automatically be computed by the worksheet application and will be carried forward into the Goal Setting Summary section of the form.

➤ For the **GOAL SETTING SUMMARY:**

NOTE: *You need to state goals only when you expect to be doing any hiring or promoting into a job category AND there is under-utilization in that category.*

1. Enter the county name being used for the parity assessment in the indicated field. (A list of Massachusetts counties and municipalities has been included for your convenience as part of the Labor Market Information appendix to this package.)
2. If completing the form manually, job category numbers will have to be carried forward from the Workforce Analysis section and percentages will have to be calculated. For example, if there are a total of 2 professional staff in the Men and Women Totals column of the Workforce Analysis, one of whom is recorded as a Minority in the Total Minorities column, enter "1" Professional field of the Goal Setting Summary Minorities Number column and compute the percentage (50%) for entry in the Minorities % column field.
3. Parity percentages derived from 1990 US Census data for Massachusetts counties appear in the Labor Market Information appendix to this package. Enter the applicable percentage in the Parity % column field for each job category. For example, If your organization is located in Suffolk county, you will find that the Census data shows 21.3% of professionals in that county to be minorities. 21.3% would then be entered in the Parity % field for the Professional job category. Unless otherwise instructed by your PPA representative, a parity figure of 12% should be used in the Persons with Disabilities section for all job categories, regardless of county location.
4. The worksheet application will automatically compare the actual job category percentage to the Parity percentage and show the difference in the Under-Utilization % column if the actual percentage is lower than the parity percentage. (If the actual percentage exceeds the parity percentage, that field will remain blank.) Where the Excel application is not used, these calculations and entries will have to be entered by hand on the form.
5. For each job category for which under-utilization has been identified, enter the hiring goal in the Goal field. Goals need only be stated when underutilization occurs. Goals are set by first calculating how many new positions, promotions and transfers are projected for the coming employment period. ie, Your company expects to have 3 new positions and a turnover of 7 staff members within the ranks of Official Administrators. This is a total of 10 positions to be filled at the Official Administrator level. Write-in how many of the 10 positions you expect will be Minorities. Use number of people, not FTE's.

Finally, be sure to enter the "Completed by" name, title, phone and date information at the bottom of the form.

Please remember that Form B information must be based on underlying documentation maintained at your organization and available for review by representatives of the Commonwealth. You must have a secure and confidential system to record and store information on those members of your staff who wish to self-identify as persons with disabilities for affirmative action purposes. Remember that you can not include any person who has not self identified in your count of staff with disabilities when completing Form B.

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
NEW PROVIDER

INSTRUCTIONS FOR FORMS E AND L
EMPLOYMENT PRACTICES SELF-EVALUATION & COMMUNICATION ACCESSIBILITY

While instructions appear on each form, the Self-Evaluation Guide and the Explanatory Notes on Public Services Communication appearing in the Appendices to this package should be reviewed before completing the forms.

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

NEW PROVIDER

INSTRUCTIONS FOR FORMS M AND G

PROGRAM LIST & PROGRAMMATIC ACCESSIBILITY

In addition to the ADA Title III accessibility requirements applicable to all enterprises regardless of the presence or absence of state funding, Title II of the ADA requires that all state-supported services be accessible to the maximum extent feasible to persons with all types of disabilities. In addition, accessibility is mandated by Section 504 of the Rehabilitation Act of 1973 (as amended) for all services with indirect federal funding passed through state agencies. The non-discrimination requirements of M.G.L. 151B are also applicable. We are confident that Massachusetts' providers endorse access to persons with disabilities, consistent with their mission.

An EXCEL 97 format computer spreadsheet file has been developed to facilitate the efforts of providers and the Commonwealth to achieve access across our service system both by documenting the accessibility status of individual service sites and by creating a useful statewide referral list of accessible providers. The Excel file format has been utilized since that software is commonly used across the provider system and providers are already required to submit Uniform Financial Report and other mandated reports associated with the state contracting process using Excel format files. If this requirement presents a problem for your organization, please contact your PPA representative to discuss possible alternative reporting arrangements.

Please list all your service locations funded through any EOHHS agencies on the FORM M worksheet of the Excel file.

- Include both sites where clients are served and sites where business activity associated with the services takes place such as central administrative offices where clients, staff or oversight agency representatives may need to visit to attend meetings, review records or conduct other business.
- Where services are delivered in client homes and the organization is not responsible for providing the housing site, the client homes are not to be listed. Where the organization is responsible for providing both housing and services, the housing sites are to be listed.
- Where the confidentiality of site locations must be protected (e.g., domestic violence shelters), the word "Confidential" should be entered in the street address data field since the data submission is releasable as a public record.
- Potential new providers, with no service locations currently funded through EOHHS agencies, should instead provide information on the locations where they propose to operate services if they receive a contract award.

FY 2001 MMARS Program Codes required to complete Form M appear in the Appendix section of this package. Note that these codes are periodically updated by purchasing agencies and codes in use during prior years may no longer be valid. Please review the list before completing Form M. If you are in any doubt regarding the proper program code(s) applicable to a program being purchased by an EOHHS purchasing agency, please contact the agency for clarification. If the program is being provided to a state agency indirectly through a subcontracting arrangement, the correct code can be obtained from either the state agency or the "prime" or lead organization holding the direct contract with the Commonwealth.

The "Medicaid" column on the form also refers to "MBHP", the abbreviation for Massachusetts Behavioral Health Partnership, the current managed care prime contractor with Medicaid (a.k.a., "MassHealth") for Behavior Health services purchased by the Department of Medical Assistance on a subcontracted basis. If the program is funded in part by either direct Medicaid/MassHealth payments or indirect payments through MBHP, please enter "Y" in this column field.

If the site is not fully accessible, please enter the planned date for completing modifications, other changes or relocations necessary to achieve accessibility and proceed to complete a Form G for that site. *The date field may be left blank if, and only if, the site is, to the best of the organization's belief, fully accessible in compliance with all applicable state and federal requirements.* By leaving the date field blank, the Authorized Signatory for the organization is certifying, under the penalties of perjury, that the site is accessible.

Form G – INDIVIDUAL SITE PROGRAMMATIC ACCESSIBILITY REVIEW, should be completed in the Excel file for every site listed on Form M that is not fully accessible. It should also be completed for any new site or any site that has been significantly modified since the original Form G filing (submitted through the prequalification process in prior years). Results of this Form M and Form G filing process will help EOHHS agencies assess the level of access at state funded programs and develop a statewide referral list for state agencies' and providers' use in identifying currently accessible programs and services for persons with disabilities.

- *To facilitate your completion of this process, please review and refer to the **ACCESSIBILITY GUIDE** (containing **DRAWINGS** and **MEASUREMENT CONVERSIONS**, **CODE REFERENCES** and information on **MINOR STRUCTURAL CHANGES**), **GLOSSARY OF TERMS**, and **SOURCES OF DISABILITY RIGHTS INFORMATION** material appearing as appendices to this package.*

Please contact your PPA AA/ADA Manager immediately if you have any questions.

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

INSTRUCTIONS FOR NOTICE OF NON-DISCRIMINATION (FORM I), GRIEVANCE PROCEDURES (FORM J) AND AFFIRMATIVE ACTION PLAN SUBMISSION

As described in the OVERVIEW section and Form A instructions, potential new providers must submit signed copies of the NON-DISCRIMINATION NOTICE (a.k.a. Form I) and GRIEVANCE PROCEDURE (a.k.a. Form J) postings in use at their organizations. In addition, if approval is being sought to engage in EOHHS agency contracting totaling \$50,000 or more per year, the organization must certify on Form A that its AFFIRMATIVE ACTION PLAN is consistent with standard provisions promulgated by the Commonwealth. *Note that a copy of the provider's Affirmative Action Plan has to be submitted for review only if it varies from the standard provisions.* The Commonwealth approved standard provisions for these documents appear in the SUBMISSION FORMS & DOCUMENTS section of this package. Commonwealth approved standard format Non-Discrimination Notice (a.k.a., "Form I") and Grievance Procedure (a.k.a., "Form J") provisions follow the Affirmative Action Plan. While organizations are not mandated to utilize these standard provisions, use of alternative provisions may result in Prequalification rejection or imposition of approval restrictions in instances where the organization's provisions are deemed insufficient by the PPA AA/ADA Manager.

The following is a re-statement of the guidelines appearing in the Sample Affirmative Action Plan for an acceptable Non-Discrimination Notice:

The organization must have issued a Policy Statement which is displayed in a prominent location at each site for the benefit of employees, clients, and the public, and which is distributed to all employees and applicants for employment. The Policy Statement must include the following:

- a statement of Equal Opportunity and Non-Discrimination in employment policies and practices,
- a statement of willingness to take Affirmative Action if it is needed to reach the goals incorporated in this plan,
- a statement of Equal Opportunity and Non-Discrimination in provision of services,
- a statement of compliance with federal and state law,
- the name of the person designated by the organization to serve as it's AA/EO Manager,
- the name of the person designated by the organization to serve as it's Programmatic Access Manager,
- the signature of organization's Chief Executive Officer.

The following is a re-statement of the guidelines for an acceptable Grievance Procedures notice:

The organization must have established legally adequate grievance procedures for complaints of discrimination, denial of reasonable accommodation, sexual harassment and a lack of equal opportunity in employment, including provisions to

- inform all personnel that any complaints of discrimination or a lack of equal opportunity in employment should be reported to the organization's AA/EO Manager, who will investigate and initiate corrective action as needed;
- require that if the complaining party gives oral or written notice to the AA/EO Manager that he/she is not satisfied with the action taken, then the AA/EO Manager must inform the aggrieved party that she/he can report her/his complaint to the PPA's AA/ADA Manager, the PPA's Americans with Disabilities Act (ADA) Compliance Coordinator, the Massachusetts Commission Against Discrimination, the Courts or other established local, state or federal entities;
- require that the organization's AA/EO Manager inform the PPA AA/ADA Manager of any complaint not resolved within the time frame for internal resolution specified in organization's grievance procedure; and
- file an annual report with the PPA AA/ADA Manager listing and summarizing any complaints filed against it and their status or disposition.

Note that both the Non-Discrimination and Grievance Procedure notices must bear the signature of the organization's Chief Executive Officer. Unsigned submissions will not be accepted.

**PROGRAMMATIC ACCESS AND AFFIRMATIVE ACTION/EQUAL OPPORTUNITY
PREQUALIFICATION
APPENDICIES**

PPA Representative Directory

Labor Market Information for Affirmative Action Planning (1990 U.S. Census data) – Relevant to Form B

ADA Title I Guide for Self-Evaluation and Transition Plan for Employment Practices– Relevant to Form E

Explanatory Note on Public Services Communication – Relevant to Form L

MMARS Program Codes for EOHHS Purchasing Agencies – Relevant to Form M

Accessibility Guide – Relevant to Form G

Glossary of Terms

Sources of Disability Rights Information

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
PA/AA/EO
PPA REPRESENTATIVE DIRECTORY

The following individuals are the EOHHS Civil Rights Officers (or the individuals designated by them to process the forms in this package). You can identify the person you need to contact if you know which is your PPA:

	AGENCY	ADDRESS	VOICE PHONE	FAX	E-MAIL
A. VICTORIA MEDEROS	EOHHS	One Ashburton Pl., Rm. 1109, Boston, MA 02108	617-727-7600	617-727-1396	avictoria.mederos@ehs.state.ma.us
AUDREY SHELLEY	DYS	27-43 Wormwood St., Suite 400, Boston, MA 02110	617-960-3345	617-951-2409	audrey.l.shelley@state.ma.us
JUDITH SUBANNY	DTA	600 Washington St., Boston, MA 02111	617-348-8492	617-348- 5191	judith.subanny@state.ma.us
GEORGE WASHINGTON, JR	DMA	600 Washington St., Boston, MA 02111	617-210- 5007	617-348- 5871	george.washington@state.ma.us
FRANCO VENEZIANO (IAU)	DSS	24 Farnsworth St., Boston, MA 02210	617-748-2080	617-439-9027	franco.veneziano@state.ma.us
MARILYN CARRINGTON	DMH	25 Staniford St., Boston, MA 02114	617-626-8139	617-626-8262	marilyn.carrington@dmh.state.ma.us
GERALD SCOTT	DMR	160 North Washington St., Boston, MA 02114	617-624- 7751	617-624- 7577	gerald.scott@state.ma.us
DENNIS JOHNSON	DPH	250 Washington St., Boston, MA 02108	617-624- 5723	617-624- 5729	dennis.johnson@dph.state.ma.us
AL JONES	MRC	27-43 Wormwood St., Suite 600, Boston, MA 02110	617-204- 3762	617-727-2744	al.jones@mrc.state.ma.us
MARIA LOUGHRAN	MCB	88 Kingston St., Boston, MA 02111	617-626-7408	617-727- 5960	maria.loughran@state.ma.us
KIMBERLY EGAN	MCDHH	210 South St., 5 th Fl., Boston, MA 02111	617-695-7500	617-695-7599	kimberly.egan-mcd@state.ma.us
KATHERINE CLARK	OCCS	One Ashburton Pl., Rm. 1105, Boston, MA 02108	617-626-2050	617-626- 2028	katherine.clark@ofc.state.ma.us
MAUREEN BURKE	ORI	18 Tremont St., 6 th Fl., Boston, MA 02108	617-727-7888 x 326	617-727-1822	maureen.burke@state.ma.us
MICHAEL BEROLINI	HCFP	Two Boylston St., Boston, MA 02116	617-988-3230	617-727-7662	mike.berolini@hcf.state.ma.us

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

LABOR MARKET INFORMATION FOR AFFIRMATIVE ACTION PLANNING

USE THE PERCENTAGES FOR MINORITIES AND WOMEN IN THE FOLLOWING PAGES TO COMPLETE PART TWO OF FORM B (GOAL SETTING)
MASSACHUSETTS 1990 US CENSUS WORKFORCE DATA AGGREGATED BY COUNTIES:

BARNSTABLE:

BARNSTABLE
BOURNE
BREWSTER
CHATHAM
DENNIS
EASTHAM
FALMOUTH
HARWICH
MASHPEE
ORLEANS
PROVINCETOWN
SANDWICH
TRURO
WELLFLEET
YARMOUTH

BERKSHIRE:

ADAMS
ALFORD
BECKET
CHESIRE
CLARKSBURG
DALTON
EGREMONT
FLORIDA
GR. BARRINGTON
HANCOCK
HINSDALE
LANESBOROUGH
LEE
LENOX
MONTEREY
MNT. WASHINGTON
NEW ASHFORD
NEW
MARLBOROUGH
NORTH ADAMS
OTIS
PERU
PITSFIELD
RICHMOND
SANDSFIELD
SAVOY
SHEFFIELD
STOCKBRIDGE
TYRINGHAM
WASHINGTON
W. STOCKBRIDGE
WILLIAMSTOWN
WINDSOR

BRISTOL:

ACUSHNET
ATTLEBORO
BERKLEY
DARTMOUTH
DIGHTON
EASTON
FAIRHAVEN
FALL RIVER
FREETOWN
MANSFIELD
NEW BEDFORD
N. ATTLEBOROUGH
NORTON

RAYNHAM

REHOBETH
SEEKONK
SOMERSET
SWANSEA
TAUNTON
WESTPORT

DUKES:

CHILMARK
EDGARTOWN
GAY HEAD
GOSNOLD
OAK BLUFFS
TISBURY
W. TISBURY

ESSEX:

AMESBURY
ANDOVER
BEVERLY
OXFORD
DANVERS
ESSEX
GEORGETOWN
GLOUCESTER
GROVELAND
HAMILTON
HAVERHILL
IPSWICH
LAWRENCE
LYNN
LYNNFIELD
MANCHESTER
MARBLEHEAD
MERRIMACK
METHUEN
MIDDLETOWN
NAHANT
NEWBURYPORT
N. ANDOVER
PEABODY
ROCKPORT
ROWLEY
SALEM
SALISBURY
SAUGUS
SWAMPSCOTT
TOPSFIELD
WENHAM
W. NEWBURY

FRANKLIN:

ASHFIELD
BERNARDSTON
BUCKLAND
CHARLEMONT
COLRAIN
CONWAY
DEERFIELD
ERVING
GILL
GREENFIELD
HAWLEY
HEATH
LEVERETT

LEYDEN

MONROE
MONTAGUE
NEW SALEM
NROTHFIELD
ORGANGE
ROWE
SHELBURNE
SHUTESUBY
SUNDERLAND
WARWICK
WENDELL
WHATELY

HAMPDEN:

AGAWAM
LANFORD
BRIMFIELD
CHESTER
CHICOPEE
E. LONGMEADOW
GRANVILLE
HAMPDEN
HOLLAND
HOLYOKE
LONGMEADOW
LUDLOW
MONSON
MONTGOMERY
PALMER
RUSSELL
SOUTHWICK
SPRINGFIELD
TOLLAND
WALES
W. SPRINGFIELD
WILBRAHAM

HAMPSHIRE:

AMHERST
BELCHERTOWN
CHESTERFIELD
CUMMINGTON
EASTHAMPTON
GOSHEN
GRANDBY
HADLEY
HATFIELD
HUNTINGTON
MIDDLEFIELD
NORTHAMPTON
PELHAM
LAINFIELD
SOUTH HADLEY
SOUTHAMPTON
WARE
WESTHAMPTON
WILLIAMSBURG
WORTHINGTON

MIDDLESEX:

ACTON
ARLINGTON
ASHBY
ASHLAND
AYER

BEDFORD

BELMONT
BILLERICA
BOXBOROUGH
BURLINGTON
CAMBRIDGE
CARLISLE
CHELMSFORD
CONCORD
DRACUT
DUNSTABLE
EVERETT
FRAMINGHAM
GROTON
HOLLISTON
HOPKINGTON
HUDSON
LEXINGTON
LINCOLN
LITTLETON
LOWELL
MALDEN
MARLBOROUGH
MAYNARD
MEDFORD
MELROSE
NATICK
NEWTON
N. READING
PEPERELL
READING
SHERBORN
SHIRLEY
SOMERVILLE
STONEHAM
STOW
SUDBURY
TEWKSBURY
TOWNSEND
TYNGSBOROUGH
WAKEFIELD
WALTHAM
WATERTOWN
WAYLAND
WESTFORD
WESTON
WILMINGTON
WINCHESTER
WOBBURN

NANTUCKET:

NANTUCKET

NORFOLK:

AVON
BELLINGHAM
BRAINTREE
BROOKLINE
CANTON
COHASSET
DEDHAM
DOVER
FORXBORO
FRANKLIN
HOLBROOK

MEDFIELD

MEDWAY
MILLIS
MILTON
NEEDHAM
NORFOLK
NORWOOD
PLAINVILLE
QUINCY
RANDOLPH
SHARON
STOUGHTON
WALPOLE
WELLESLEY
WESTWOOD
WEYMOUTH
WRENTHAM

PLYMOUTH:

ABINGTON
BRIDGEWATER
BROCKTON
CARVER
DUXBURY
E. BRIDGEWATER
HALIFAX
HANOVER
HANSON
HINGHAM
HULL
KINGSTON
LAKEVILLE
MARION
MARSHFIELD
MATTAPOISETT
MIDDLEBOROUGH
NORWELL
PEMBROKE
PLYMOUTH
PLYMPTON
ROCHESTER
ROCKLAND
SCITUATE
WAREHAM
W. BRIDGEWATER
WHITMAN

SUFFOLK:

BOSTON
CHELSEA
REVERE
WINTHROP

WORCESTER:

ASHBURNHAM
ATHOL
AUBURN
BARRE
BERLIN
BLACKSTONE
BOLTON
BOYLSTON
BROOKFIELD
CARLTON
CLINTON
DOUGLAS

DUDLEY

E. BROOKFIELD
FITCHBURG
GARDNER
GRAFTON
HARDWICK
HARVARD
HOLDEN
HOPEDALE
HUBBARDSTON
LANCASTER
LEICESTER
LEOMINSTER
LUNENBURG
MENDON
MILFORD
MILLBURY
MILLVILLE
NEW BRAINTREE
N. BROOKFIELD
NORTHBOROUGH
NORTHBRIDGE
OAKHAM
OXFORD
PAXTON
PETERSHAM
PILLIPSTON
PRINCETON
ROYALSTON
RUTLAND
SHREWSBURY
SOUTHBOROUGH
SPENCER
STERLING
STURBRIDGE
SUTTON
TEMPLETON
UPTON
UXBRIDGE
WARREN
WEBSTER
W. BOYLSTON
W. BROOKFIELD
WESTBOROUGH
WESTMINSTER
WINCHENDON
WORCESTER

PARITY PERCENTAGES TO BE USED IN COMPLETING FORM B

NOTE: *You need to state goals only when you expect to be doing any hiring or promoting into a job category AND there is under-utilization in that category.*

IMPORTANT: USE 12% FOR PARITY IN ANY JOB CATEGORY WHEN CALCULATING PARITY FOR PERSONS WITH DISABILITIES.

USE THE DATA BELOW TO COMPLETE PART TWO OF FORM B (GOAL SETTING) BY FIRST IDENTIFYING THE COUNTY WHERE YOU ARE LOCATED (SEE ABOVE).

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
MASSACHUSETTS TOTAL	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENANCE
MINORITIES	6.5%	8.1%	11.1%	17.2%	17.2%	9.3%	11.9%	11.4%
BLACK	2.9%	2.9%	3.9%	7.3%	7.3%	4.8%	3.6%	5.1%
HISPANIC	1.6%	2.0%	2.3%	6.4%	6.4%	2.5%	5.6%	4.8%
ASIAN	1.7%	2.9%	4.4%	2.7%	2.7%	1.5%	2.0%	.8%
NATIVE AMERICAN	.1%	.1%	.2%	.2%	.2%	.1%	.2%	.2%
WOMEN	43.0%	53.7%	45.5%	54.2%	54.2%	75.9%	21.2%	15.2%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
BARNSTABLE COUNTY	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENANCE
MINORITIES	3.1%	3.2%	4.1%	7.1%	7.1%	3.3%	5.1%	7.4%
BLACK	1.3%	1.0%	1.0%	2.4%	2.4%	1.3%	1.7%	2.7%
HISPANIC	.5%	.7%	.9%	2.1%	2.1%	.7%	1.4%	1.2%
ASIAN	.5%	.7%	.8%	.5%	.5%	.2%	.5%	.3%
NATIVE AMERICAN	.6%	.2%	.6%	.8%	.8%	.3%	.5%	.7%
WOMEN	41.0%	58.3%	45.1%	60.0%	60.0%	79.1%	13.7%	15.3%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
BERKSHIRE COUNTY	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENANCE
MINORITIES	2.4%	4.0%	2.9%	5.7%	5.7%	2.0%	2.8%	3.2%
BLACK	.8%	2.0%	.9%	2.9%	2.9%	1.1%	1.5%	1.1%
HISPANIC	1.0%	.8%	.9%	1.0%	1.0%	.5%	.5%	.5%
ASIAN	.4%	.8%	.8%	1.5%	1.5%	.2%	.6%	.6%
NATIVE AMERICAN	.2%	.3%	.3%	.3%	.3%	.2%	.1%	.8%
WOMEN	40.5%	53.8%	50.0%	58.6%	58.6%	79.8%	16.4%	14.0%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
BRISTOL COUNTY	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	3.3%	4.1%	4.9%	6.4%	6.4%	4.3%	5.5%	4.7%
BLACK	1.0%	1.0%	1.5%	1.5%	1.5%	1.5%	1.0%	1.2%
HISPANIC	.6%	1.1%	.6%	2.6%	2.6%	1.2%	2.6%	1.8%
ASIAN	.7%	1.2%	1.5%	1.0%	1.0%	.4%	.4%	.2%
NATIVE AMERICAN	.2%	.1%	.3%	.2%	.2%	.2%	.1%	.1%
WOMEN	40.6%	58.8%	46.7%	55.3%	55.3%	78.5%	30.5%	15.5%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
DUKES COUNTY	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	5.6%	6.2%	10.3%	8.5%	8.5%	6.5%	7.2%	10.3%
BLACK	.9%	5.4%	1.7%	2.7%	2.7%	2.2%	3.3%	4.2%
HISPANIC	.6%	0%	0%	1.2%	1.2%	0%	.2%	3.0%
ASIAN	1.3%	0%	0%	1.2%	1.2%	0%	.2%	0%
NATIVE AMERICAN	1.2%	.5%	8.6%	3.3%	3.3%	3.4%	3.3%	3.2%
WOMEN	49.4%	56.8%	62.1%	64.1%	64.1%	84.7%	7.2%	10.1%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
ESSEX COUNTY	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	3.5%	4.6%	7.0%	12.7%	12.7%	5.8%	13.5%	10.0%
BLACK	.8%	.9%	1.8%	2.5%	2.5%	1.6%	1.4%	1.7%
HISPANIC	1.7%	2.0%	3.3%	8.9%	8.9%	3.3%	10.5%	6.9%
ASIAN	.9%	1.6%	1.7%	1.2%	1.2%	.8%	1.4%	1.1%
NATIVE AMERICAN	.1%	.1%	.2%	.0%	.0%	.1%	.2%	.2%
WOMEN	40.5%	53.2%	44.7%	55.4%	55.4%	76.7%	22.6%	17.9%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
FRANKLIN COUNTY	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	1.7%	2.3%	2.4%	3.4%	3.4%	1.4%	2.5%	3.4%
BLACK	.6%	.6%	.5%	.1%	.1%	.1%	.7%	1.5%
HISPANIC	.3%	.6%	.6%	1.1%	1.1%	.8%	.6%	1.5%
ASIAN	.5%	.7%	1.1%	1.5%	1.5%	.6%	.9%	.0%
NATIVE AMERICAN	.2%	.1%	.2%	.6%	.6%	.0%	.3%	.4%
WOMEN	44.5%	57.9%	50.1%	64.9%	64.9%	81.2%	11.8%	26.9%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
HAMPDEN COUNTY	OFFICIAL/ ADMIN.	PROFESSIONAL ⁸	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	8.0%	9.8%	9.2%	19.7%	19.7%	11.0%	15.6%	15.2%
BLACK	4.5%	5.0%	5.8%	11.1%	11.1%	6.3%	6.4%	6.9%
HISPANIC	2.6%	3.6%	2.7%	7.4%	7.4%	3.9%	8.1%	7.9%
ASIAN	.8%	.9%	.5%	.9%	.9%	.6%	.8%	.3%
NATIVE AMERICAN	.2%	.2%	.1%	.1%	.1%	.1%	.3%	.0%
WOMEN	41.7%	59.2%	48.7%	57.4%	57.4%	75.8%	21.0%	16.1%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
HAMPSHIRE COUNTY	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE ^{7,9}	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	4.4%	10.5%	11.3%	7.9%	7.9%	7.8%	3.9%	3.0%
BLACK	1.2%	2.2%	1.4%	2.2%	2.2%	2.1%	.5%	.2%
HISPANIC	.9%	3.3%	4.3%	2.7%	2.7%	2.3%	1.7%	1.7%
ASIAN	2.2%	5.1%	5.0%	2.7%	2.7%	3.1%	1.1%	.9%
NATIVE AMERICAN	.0%	.0%	.2%	.2%	.2%	.2%	.5%	.0%
WOMEN	46.1%	57.8%	50.4%	60.9%	60.9%	77.2%	17.8%	17.2%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
MIDDLESEX COUNTY	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	6.0%	8.1%	12.4%	14.8%	14.8%	7.3%	11.0%	8.5%
BLACK	2.2%	1.8%	2.7%	5.2%	5.2%	2.9%	2.1%	3.0%
HISPANIC	1.2%	1.8%	2.1%	6.1%	6.1%	2.1%	4.9%	4.1%
ASIAN	2.5%	4.3%	7.4%	3.0%	3.0%	2.1%	3.6%	1.2%
NATIVE AMERICAN	.1%	.1%	.1%	.2%	.2%	.1%	.1%	.1%
WOMEN	44.3%	49.8%	43.6%	52.5%	52.5%	75.7%	20.3%	13.8%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
NANTUCKET COUNTY	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT ^{3,2FT}	SERV. MAINTENACE
MINORITIES	4.4%	1.6%	.0%	1.7%	1.7%	5.7%	3.2%	.0%
BLACK	2.9%	1.6%	.0%	1.7%	1.7%	5.7%	3.2%	.0%
HISPANIC	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%
ASIAN	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%
NATIVE AMERICAN	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%
WOMEN	46.6%	70.0%	68.9%	62.2%	62.2%	72.7%	6.7%	17.7%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
NORFOLK COUNTY	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	4.9%	6.3%	9.4%	9.5%	9.5%	5.1%	5.0%	3.4%
BLACK	1.5%	1.9%	2.4%	2.3%	2.3%	1.8%	1.0%	1.5%
HISPANIC	.9%	1.1%	1.4%	1.7%	1.7%	1.2%	1.3%	.0%
ASIAN	2.5%	3.2%	5.4%	5.2%	5.2%	2.0%	2.1%	.8%
NATIVE AMERICAN	.0%	.1%	.2%	.1%	.1%	.1%	.2%	.0%
WOMEN	41.9%	54.0%	48.6%	51.0%	51.0%	76.4%	17.1%	12.3%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
PLYMOUTH COUNTY	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	4.6%	4.1%	4.8%	9.5%	9.5%	5.1%	8.4%	7.5%
BLACK	2.6%	2.0%	2.5%	4.4%	4.4%	1.9%	3.0%	3.6%
HISPANIC	.9%	1.0%	1.0%	2.2%	2.2%	.9%	2.1%	1.8%
ASIAN	.4%	.7%	1.1%	1.0%	1.0%	.4%	1.1%	.4%
NATIVE AMERICAN	.2%	.1%	.1%	.5%	.5%	.2%	.3%	.1%
WOMEN	39.9%	58.4%	46.1%	55.5%	55.5%	77.8%	17.3%	17.4%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
SUFFOLK COUNTY	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	20.2%	21.3%	29.8%	51.0%	51.0%	30.7%	33.3%	40.3%
BLACK	12.4%	12.0%	16.7%	26.3%	26.3%	20.9%	16.5%	25.4%
HISPANIC	4.3%	4.7%	5.1%	16.6%	16.6%	6.0%	11.0%	12.1%
ASIAN	3.0%	4.1%	6.9%	6.7%	6.7%	3.2%	4.4%	1.5%
NATIVE AMERICAN	.2%	.3%	.4%	.3%	.3%	.2%	.1%	.2%
WOMEN	49.6%	53.7%	45.3%	46.8%	46.8%	70.0%	18.5%	14.1%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
WORCESTER COUNTY	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	3.7%	5.3%	5.8%	8.5%	8.5%	4.7%	9.5%	7.9%
BLACK	1.4%	1.2%	1.2%	2.8%	2.8%	1.6%	1.3%	1.5%
HISPANIC	1.5%	1.6%	1.9%	4.3%	4.3%	2.2%	5.8%	5.1%
ASIAN	.7%	2.3%	2.5%	1.1%	1.1%	.7%	2.1%	.9%
NATIVE AMERICAN	.1%	.1%	.2%	.2%	.2%	.1%	.2%	.3%
WOMEN	40.3%	53.9%	43.6%	58.2%	58.2%	77.2%	19.9%	15.5%

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

GUIDE FOR SELF EVALUATION AND TRANSITION PLAN ON EMPLOYMENT PRACTICES RELATING TO PERSONS WITH DISABILITIES - TITLE I - AMERICANS WITH DISABILITIES ACT NEW PROVIDERS

This Guide has been provided as a technical assistance instrument to aid in organizing and carrying out accessibility efforts to employment practices AND identifying and eliminating potential problem areas which could lead to discriminating equal access to your programs and services. It is a tool designed to assist you in developing your own approach to ensure that individuals with disabilities can participate in all of your agency's programs and activities in accordance with Title I of the Americans with Disabilities Act of 1990.

You are encouraged to identify a mix of knowledgeable people with disabilities and advocates for people with disabilities to consult with your agency on barriers to accessibility. You can contact your PPA AA/EO Manager for assistance.

EXPLANATORY NOTES:

NOTE: Section 1630.2(m) - Qualified Individual With a Disability - The ADA prohibits discrimination on the basis of disability against qualified individuals with disabilities. The determination of whether an individual with a disability is "qualified" should be made in two steps:

(1) The first step is to determine if the individual satisfies the prerequisites for the position, such as possessing the appropriate educational background, employment experience, skills, licenses, etc.

(2) The second step is to determine whether or not the individual can perform the essential functions of the position held or desired with or without reasonable accommodation. The purpose of this second step is to ensure that individuals with disabilities who can perform the essential functions of the position held or desired are not denied employment opportunities because they are not able to perform marginal functions of the position.

The determination of whether an individual with a disability is qualified is to be made at the time of the employment decision. This determination should be based on the capabilities of the individual with a disability at the time of the employment decision, and should not be based on speculation that the employee may become unable in the future or may cause increased, health insurance premiums or workers compensation costs.

NOTE: Section 1630.2(n) - Essential Functions - The determination of which functions are essential may be critical to the determination of whether or not the individual with a disability is qualified. The essential functions are those functions that the individual who holds the position must be able to perform unaided or with the assistance of a reasonable accommodation.

The inquiry into whether a particular function is essential initially focuses on whether the employer actually requires employees in the position to perform the functions that the employer asserts are essential.

If the individual who holds the position is actually required to perform the function the employer asserts is an essential function, the inquiry will then center around whether removing the function would fundamentally alter that position. This determination of whether or not a particular function is essential will generally include one or more of the following factors:

(1) Whether the position exists to perform a particular function;

(2) The number of other employees available to perform that job function or among whom the performance of that job function can be distributed. This may be a factor either because the total number of available employees is low, or because of the fluctuating demands of the business operation; and

(3) The degree of expertise or skill required to perform the function. In certain professions and highly skilled positions the employee is hired for his or her expertise or ability to perform the particular function. In such a situation, the performance of that specialized task would be an essential function.

Whether a particular function is essential is a factual determination that must be made on a case by case basis. In determining whether or not a particular function is essential, all relevant evidence should be considered.

Although part 1630 does not require employers to develop or maintain job descriptions, written job descriptions prepared before advertising or interviewing applicants for the job, as well as the employer's judgement as to what functions are essential are among the relevant evidence to be considered in determining whether a particular function is essential. The terms of a collective bargaining agreement are also relevant to the determination of whether a particular function is essential. The work experience of past employees in the job or of current employees in similar jobs is likewise relevant to the determination of whether a particular function is essential.

The time spent performing the particular function may also be an indicator of whether that function is essential. The consequences of failing to require the employee to perform the function may be another indicator of whether a particular function is essential.

It is important to note that the inquiry into essential functions is not intended to second guess an employer's business judgement with regard to production standards, whether qualitative or quantitative, nor to require employers to lower such standards.

NOTE: Section 1630.2(p) - Undue Hardship - An employer or other covered entity is not required to provide an accommodation that will impose an undue hardship on the operation of the employer's or other covered entity's business. The term "undue hardship" means significant difficulty or expense in, or resulting from, the provision of the accommodation. The "undue hardship" provision takes into account the financial realities of the particular employer or other covered entity.

However, the concept of undue hardship is not limited to financial difficulty. "Undue hardship" refers to any accommodation that would be unduly costly, extensive, substantial, or disruptive, or that would fundamentally alter the nature or operation of the business. The fact that a particular accommodation poses an undue hardship, however, only means that the employer is not required to provide that accommodation. If there is another accommodation that will not create an undue hardship, the employer would be required to provide the alternative accommodation.

An employer's claim that the cost of a particular accommodation will impose an undue hardship requires a determination of whose financial resources should be considered in deciding whether the accommodation is unduly costly. In some cases the financial resources of the employer or other covered entity in its entirety should be considered in determining whether the cost of an accommodation poses an undue hardship. In other cases, consideration of the financial resources of the employer or other covered entity as a whole may be inappropriate because it may not give an accurate picture of the financial resources available to the particular program location that will actually be required to provide the accommodation.

If the employer or other covered entity asserts that only the financial resources of the program location where the individual will be employed should be considered, part 1630 requires a factual determination of the relationship between the employer or other covered entity and the program location that will provide the accommodation.

If the employer or other covered entity can show that the cost of the accommodation would impose an undue hardship, it would still be required to provide the accommodation if the funding is available from another source, e.g., a State vocational rehabilitation agency, or if Federal, State or local tax deductions or tax credits are available to offset the cost of the accommodation.

If the employer or other covered entity received, or is eligible to receive, monies from an external source that would pay the entire cost of the accommodation, it cannot claim cost as an undue hardship. In the absence of such funding, the individual with a disability requesting the accommodation should be given the option of providing the accommodation or of paying that portion of the cost which constitutes the undue hardship on the operation of the business. To the extent that such monies pay or would pay for only part of the cost of the accommodation, only that portion of the cost of the accommodation that could not be recovered - the final net cost to the entity - may be considered in determining undue hardship.

NOTE: Section 1630.9 - Reasonable Accommodation - The reasonable accommodation requirement is best understood as a means by which barriers to the equal employment opportunity of an individual with a disability are removed or alleviated. These barriers may, for example, be physical or structural obstacles that inhibit or prevent the access of an individual with a disability to job sites, facilities, or equipment. Or they may be rigid work schedules that permit no flexibility as to when work is performed or when breaks may be taken, or inflexible job procedures that unduly limit the modes of communication that are used on the job, or the way in which particular tasks are accomplished.

The term "otherwise qualified" is intended to make clear that the obligation to make reasonable accommodation is owed only to an individual with a disability who is qualified within the meaning of 1630.2(m) in that he or she satisfies all the skill, experience, education, and other job-related selection criteria.

An individual with a disability is "otherwise qualified," in other words, if he or she is qualified for a job, except that, because of the disability, he or she needs a reasonable accommodation to be able to perform the job's essential functions.

The reasonable accommodation that is required by this part should provide the qualified individual with a disability with an equal employment opportunity. Equal employment opportunity means an opportunity to attain the same level of benefits and privileges of employment as are available to the average similarly situated employee without a disability. Thus, for example, an accommodation made to assist an employee with a disability in the performance of his or her job must be adequate to enable the individual to perform the essential functions of the relevant position. The accommodation, however, does not have to be the "best" accommodation possible, so long as it is sufficient to meet the job related needs of the individual being accommodated.

Employers are obligated to make reasonable accommodation only to the physical or mental limitations resulting from the disability of a qualified individual with a disability that is known to the employer. Thus, an employer would not be expected to accommodate disabilities of which it is unaware. If an employee with a known disability is having difficulty performing his or her job, an employer may enquire whether the employee is in need of a reasonable accommodation. In general, however, it is the responsibility of the individual with a disability to inform the employer that an accommodation is needed. When the need for an accommodation is not obvious, an employer, before providing a reasonable accommodation, may require that the individual with a disability provide documentation of the need for accommodation.

Process of Determining the Appropriate Reasonable Accommodation - Once a qualified individual with a disability has requested provision of a reasonable accommodation, the employer must make a reasonable effort to determine the appropriate accommodation. The appropriate reasonable accommodation is best determined through a flexible, interactive process that involves both the employer and the qualified individual with a disability. This process is equally applicable to accommodations involving the job application process, and to accommodations that enable the individual with a disability to enjoy equal benefits and privileges of employment.

When a qualified individual with a disability has requested a reasonable accommodation to assist in the performance of a job, the employer, using a problem solving approach, should:

- (1) Analyze the particular job involved and determine its purpose and essential functions;
- (2) Consult with the individual with a disability to ascertain the precise job-related limitations imposed by the individual's disability and how those limitations could be overcome with a reasonable accommodation;
- (3) In consultation with the individual to be accommodated, identify potential accommodations and assess the effectiveness each would have in enabling the individual to perform the essential functions of the position; and
- (4) Consider the preference of the individual to be accommodated and select and implement the accommodation that is most appropriate for both the employee and the employer.

In many instances, the appropriate reasonable accommodation may be so obvious to either or both the employer and the qualified individual with a disability that it may not be necessary to proceed in this step-by-step fashion.

In some instances neither the individual requesting the accommodation nor the employer can readily identify the appropriate accommodation. Under such circumstances, it may be necessary for the employer to initiate a more defined problem solving process, such as the step-by-step process described above, as part of its reasonable effort to identify the appropriate reasonable accommodation.

This process requires the individual assessment of both the particular job at issue and the specific physical or mental limitations of the particular individual in need of reasonable accommodation. With regard to assessment of the job, "individual assessment" means analyzing the actual job duties and determining the true purpose or object of the job. Such an assessment is necessary to ascertain which job functions are the essential functions that an accommodation must enable an individual with a disability to perform.

After assessing the relevant job, the employer, in consultation with the individual requesting the accommodation, should make an assessment of the specific limitations imposed by the disability on the individual's performance of the job's essential functions. The assessment will make it possible to ascertain the precise barrier to the employment opportunity which, in turn, will make it possible to determine the accommodation(s) that could alleviate or remove the barrier.

If consultation with the individual in need of the accommodation still does not reveal potential appropriate accommodations, then the employer, as part of this process, may find that technical assistance is helpful in determining how to accommodate the particular individual in the specific situation. Such assistance could be sought from the Equal Employment Opportunity Commission, from state or local rehabilitation agencies, or from disability constituent organizations. It should be noted that the failure to obtain or receive technical assistance from the federal agencies that administer the ADA will not excuse the employer from its reasonable accommodation obligation.

Once potential accommodations have been identified, the employer should assess the effectiveness of each potential accommodation in assisting the individual in need of the accommodation in the performance of the essential functions of the position. If more than one of these accommodations will enable the individual to perform the essential functions or if the individual would prefer to provide his or her own accommodation, the preferences of the individual with a disability should be given primary consideration. However, the employer providing the accommodation has the ultimate discretion to choose between effective accommodations, and may choose the less expensive accommodation or the accommodation that is easier for it to provide. It should also be noted that the individual's willingness to provide his or her own accommodation does not relieve the employer of the duty to provide the accommodation should the individual for any reason be unable, or unwilling to, continue to provide the accommodation.

NOTE: Section 1630.10 - Qualification Standards, Tests, and Other Selection Criteria - The purpose of this provision is to ensure that individuals with disabilities are not excluded from job opportunities unless they are actually unable to do the job. It is to ensure that there is a fit between job criteria and an employee's actual ability to do the job. Accordingly, job criteria that even unintentionally screen out, or tend to screen out, an individual with a disability or a class of individuals with disabilities because of their disability may not be used unless the employer demonstrates that the criteria, as used by the employer, are job-related to the position to which they are being applied and are consistent with business necessity.

Selection criteria that exclude, or tend to exclude, an individual with a disability or a class of individuals with disabilities because of their disability but do not concern an essential function of the job would not be consistent with business necessity.

The use of selection criteria that are related to an essential function of the job may be consistent with business necessity. However, selection criteria that are related to an essential function of the job may not be used to exclude an individual with a disability if that individual could satisfy the criteria with the provision of a reasonable accommodation. Experience under a similar provision of the regulations implementing section 504 of the Rehabilitation Act indicates that challenges to selection criteria are, in fact most often resolved by reasonable accommodation. It is therefore anticipated that challenges to selection criteria brought under this part will generally be resolved in a like manner.

This provision is applicable to all types of selection criteria. Including safety requirements, vision or hearing requirements, walking requirements, lifting requirements, and employment tests. However, it is not the intent of this part to second guess an employer's business judgment with regard to production standards. Consequently, production standards will generally not be subject to a challenge under this provision.

The Uniform Guidelines on Employee Selection Procedures (UGESP) 29 CFR part 1607 do not apply to the Rehabilitation Act and are similarly inapplicable to this part.

NOTE: Section 1630.13(a) - Pre-employment Examination or Inquiry - This provision makes clear that an employer cannot inquire as to whether an individual has a disability at the pre-offer stage of the selection process. Nor can an employer inquire at the pre-offer stage about an applicant's workers' compensation history.

Employers may ask questions that relate to the applicant's ability to perform job-related functions. However, these questions should not be phrased in terms of disability. Employers may ask about an applicant's ability to perform both essential and marginal job functions. Employers, though, may not refuse to hire an applicant with a disability because the applicant's disability prevents him or her from performing marginal functions.

NOTE: Section 1630.13(b) - Examination or Inquiry of Employees - The purpose of this provision is to prevent the administration to employees of medical tests or inquiries that do not serve a legitimate business purpose. For example, if an employee suddenly starts to use increased amounts of sick leave or starts to appear sickly, an employer could not require that employee to be tested for AIDS, HIV infection, or cancer unless the employer can demonstrate that such testing is job-related and consistent with business necessity.

NOTE: Section 1630.14 - Medical Examinations and Inquiries Specifically Permitted - Pre-employment Inquiry - Employers are permitted to make pre-employment inquiries into the ability of an applicant to perform job-related functions.

These inquiries must be narrowly tailored. The employer may describe or demonstrate the job function and inquire whether or not the applicant can perform that function with or without reasonable accommodation.

An employer may also ask an applicant to describe or to demonstrate how, with or without reasonable accommodation, the applicant will be able to perform job-related functions. Such a request may also be made of an applicant whose known disability may interfere with or prevent the performance of a job-related function, whether or not the employer routinely makes such a request of all applicants in the job category.

On the other hand, if the known disability of an applicant will not interfere with or prevent the performance of a job-related function, the employer may only request a description or demonstration by the applicant if it routinely makes such a request of all applicants in the same job category.

An employer that requires an applicant with a disability to demonstrate how he or she will perform a job-related function must either provide the reasonable accommodation the applicant needs to perform the function or permit the applicant to explain how, with the accommodation, he or she will perform the function. If the job-related function is not an essential function, the employer may not exclude the applicant with a disability because of the applicant's inability to perform that function. Rather, the employer must, as a reasonable accommodation, either provide an accommodation that will enable the individual to perform the function, transfer the function to another position, or exchange the function for one the applicant is able to perform.

An employer may not use an application form that lists a number of potentially disabling impairments and ask the applicant to check any of the impairments he or she may have. In addition, as noted above, an employer may not ask how a particular individual became disabled or the prognosis of the individual's disability. The employer is also prohibited from asking how often the individual will require leave for treatment or use leave as a result of incapacitation because of the disability. However, the employer may state the attendance requirements of the job and inquire whether the applicant can meet them.

An employer is permitted to ask, on a test announcement or application form, that individuals with disabilities who will require a reasonable accommodation in order to take the test so inform the employer within a reasonable established time period prior to the administration of the test. The employer may also request that documentation of the need for the accommodation accompany the request. Requested accommodations may include accessible testing sites, modified testing conditions and accessible test formats.

Physical agility tests are not medical examinations and so may be given at any point in the application or employment process. Such tests must be given to all similarly situated applicants or employees regardless of disability. If such tests screen out or tend to screen out an individual with a disability or a class of individuals with disabilities, the employer would have to demonstrate that the test is job related and consistent with business necessity and that performance cannot be achieved with reasonable accommodation.

NOTE: Section 1630.14(b) - Employment Entrance Examination - An employer is permitted to require post-offer medical examinations before the employee actually starts working. The employer may condition the offer of employment on the results of the examination, provided that all entering employees in the same job category are subjected to such an examination, regardless of disability and that confidentiality requirements are met.

Medical examinations permitted by this section are not required to be job-related and consistent with business necessity. However, if an employer withdraws an offer of employment because the medical examination reveals that the employee does not satisfy certain employment criteria, either the exclusionary criteria must not screen out or tend to screen out an individual with a disability or a class of individuals with disabilities, or they must be job-related and consistent with business necessity. As part of the showing that an exclusionary criteria is job-related and consistent with business necessity, the employer must also demonstrate that there is no reasonable accommodation that will enable the individual with a disability to perform the essential functions of the job.

The information obtained in the course of a permitted entrance examination or inquiry is to be treated as a confidential medical record and may be used in a manner not inconsistent with this part. Employers or other covered entities may submit information to state workers' compensation offices or second injury funds in accordance with state workers' compensation laws without violating this part.

NOTE: Section 1630.14(c) - Examination of Employees - Employers are permitted to make inquiries or require medical examinations (fitness for duty exams) when there is a need to determine whether an employee is still able to perform the essential functions of his or her job. The provision permits employers or other covered entities to make inquiries or require medical examinations necessary to the reasonable accommodation process described in this part. The provision also permits periodic physical to determine fitness for duty or other medical monitoring if such physical or monitoring are required by medical standards or requirements established by Federal, state, or local law that are consistent with the ADA and this part {or in the case of a federal standard, with section 501 of the Rehabilitation Act} in that they are job-related and consistent with business necessity.

NOTE: Section 1630.14(d) - Other Acceptable Examinations and Inquiries - Voluntary medical examinations, including voluntary medical histories, as part of employee health programs, are allowed. However, the medical records developed in the course of such activities must be maintained in the confidential manner required by this part and must not be used for any purpose in violation of this part, such as limiting health insurance eligibility.

NOTE: Section 35.140 - Employment - Section 35.140(b)(1) of the Department of Justice Title II Regulation (28 CFR part 35) makes it clear that the standards established by the Equal Employment Opportunity Commission in 29 CFR Part 1630 will be the applicable compliance standards if the public entity is subject to Title I of the ADA, i.e. if the public entity has 25 or more employees by July 26, 1992 and 15 or more employees by July 26, 1994. However, Section 35.140, Employment, becomes effective for all public entities regardless of the number of persons they employ, as does all of Title II of the ADA, on January 26, 1992. Therefore, if the public entity is not covered by Title I or until it is covered by Title I, Section 35.140(b)(2) cross-references Section 504 of the Rehabilitation Act standards for what constitutes employment discrimination, as established by the Department of Justice in 28 CFR Part 41. Standards for Title I of the ADA and Sections 504 of the Rehabilitation Act are for the most part identical. Both regulations elaborate on the ADA law citations this guide cites in this part and should be referenced when researching compliance with Title II Public Employment obligations.

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

EXPLANATORY NOTES ON PUBLIC SERVICES COMMUNICATION

TO BE USED AS AN AID IN COMPLETING FORM L

Note: *Addresses, telephone numbers and other information appearing below may no longer be current. Current information (and e-mail addresses) for each agency can readily be obtained through the use of Internet search engines.*

A public entity shall take appropriate steps to ensure that communications with applicants, participants and members of the public with disabilities are as effective as communications with others. A public entity shall furnish appropriate auxiliary aids and services where necessary to afford an individual with a disability an equal opportunity to participate in, and enjoy the benefits of, a service, program, or activity conducted by that public entity. In determining what type of auxiliary aid and service is necessary, a public entity shall give primary consideration to the requests of the individual with disabilities.

CODE OF FEDERAL REGULATIONS

28 CFR PART 35

NON-DISCRIMINATION ON THE BASIS OF DISABILITY IN STATE AND LOCAL GOVERNMENT SERVICES

Section 35.160 - General requires the public entity to take such steps as may be necessary to ensure that communications with applicants, participants, and members of the public with disabilities are as effective as communications with others.

Paragraph (b)(1) requires the public entity to furnish appropriate auxiliary aids and services when necessary to afford an individual with a disability an equal opportunity to participate in, and enjoy the benefits of, the public entity's service, program, or activity. The public entity must provide an opportunity for individuals with disabilities to request the auxiliary aids and services of their choice. This expressed choice shall be given primary consideration by the public entity (35.160(b)(2)). The public entity shall honor the choice unless it can demonstrate that another effective means of communication exists or that use of the means chosen would not be required under 35.164.

Deference to the request of the individual with a disability is desirable because of the range of disabilities, the variety of auxiliary aids and services, and different circumstances requiring effective communication. For example, one person with a profound hearing loss may be able to speechread in a situation where a simple communication is to take place, but be unable to speechread sufficiently clearly in a situation in which the doctor is explaining the different treatment options and their consequences or in a situation when the doctor has a strong accent because English is his/her second language.

Although in some circumstances a notepad and written materials may be sufficient to permit effective communication, particularly if communications are simple and brief such as giving directions to a place or telling when to take a medication, in other situations such handwritten communication would be totally inappropriate and not effective, for example when the deaf individual cannot read or when the communication is lengthy and/or complex such as when the anaesthetist wants to explain the anaesthetic that will be used, ask questions about possible negative reactions, and the procedures for the surgery the next morning. Generally, factors to be considered in determining whether an interpreter is required include the context in which the communication is taking place, the number of people involved, and the importance of the communication.

The provision of readers for blind people is sometimes necessary to ensure access to a public entity's services, programs or activities. Reading services or readers should be provided when necessary for equal participation and opportunity to benefit from any governmental services, program, or activity, such as reviewing public documents, examining demonstrative evidence, and filling out voter registration forms or forms needed to receive public benefits. The importance of providing qualified readers for examinations administered by public entities is discussed under 35.130. Reading devices and readers are appropriate auxiliary aids and services where necessary to permit an individual with a disability to participate in or benefit from a service, program, or activity.

Television and videotape programming produced by public entities are covered by this section. Access to audio portions of such programming may be provided by closed captioning.

Section 35.161 - Telecommunication Devices for the Deaf (TDDs) requires that, where a public entity communicates with applicants and beneficiaries by telephone, TDD's or equally effective telecommunication systems be used to communicate with individuals with impaired speech or hearing.

Problems arise when a public entity which does not have a TDD needs to communicate with an individual who used a TDD or vice versa. Title IV of the ADA addresses this problem by requiring establishment of telephone relay services to permit communications between individuals who communicate by TDD and individuals who communicate by the telephone alone. The relay services required by title IV would involve a relay operator using both a standard telephone and a TDD to type the voice messages to the TDD user and read the TDD messages to the standard telephone user.

Section 204(b) of the ADA requires that the regulation implementing title II with respect to communications be consistent with the Department's regulation implementing Section 504 for its federally conducted programs and activities at 28 CFR part 39.

Section 35.161, which is taken from 39.160(a)(2) of that regulation, requires the use of TDD's or equally effective telecommunication systems for communication with people who use TDD's. Of course, where relay services, such as those required by title IV of the ADA are available, a public entity may use those services to meet the requirements of this section.

Those public entities (with frequent contacts with?) clients who use TDD's should have on site TDD's to provide for direct communication between the entity and the individual. Those entities that have extensive telephone contact with the public such as city halls, public libraries, and public aid offices should have TDD's to insure more immediate access. Where the provision of telephone service is a major function of the entity, TDD's should be available.

Section 35.162 - Telephone Emergency Services - Many public entities provide telephone emergency services by which individuals can seek immediate assistance from police, fire, ambulance, and other emergency services. These arrangements - including "911" service - are clearly an important public service whose reliability can be a matter of life or death. The legislative history of title II specifically reflects congressional intent that public entities must ensure that telephone emergency services, including 911 services, be accessible to persons with impaired hearing and speech through telecommunication technology. "Direct access" to telephone emergency services must be provided by public entities. Telephone emergency access through a third party or through a relay service would not satisfy the requirement for direct access.

Section 35.162 requires public entities to take appropriate steps, including equipping their emergency systems with modern technology, as may be necessary to promptly receive and respond to a call from users of TDD's and computer modems. Entities are allowed the flexibility to determine what is the appropriate technology for their particular needs.

Section 35.133 which mandates maintenance of accessible features, requires public entities to maintain in operable working condition TDD's and other devices that provide direct access to the emergency system.

Section 35.163 - Information and Signage - Section 35.163 (a) requires the public entity to provide information to individuals with disabilities concerning accessible services, activities, and facilities. Paragraph (b) requires the public entity to provide signage at all inaccessible entrances to each of its facilities that directs users to an accessible entrance or to a location with information about accessible facilities.

Section 35.164 - Duties - This sub-part does not require a public entity to take any action that it can demonstrate would result in a fundamental alteration of the nature of a service, program or activity and create undue financial and administrative burdens. In these circumstances, where personnel of the public entity believe that the proposed action would fundamentally alter the service, program, or activity or would result in undue financial and administrative burdens, a public entity has the burden of proving that compliance with this subpart would result in such alteration or burdens. The decision that compliance would result in such alteration or burdens must be made by the head of the public entity or his or her designee after considering all resources available for use in the funding and operation of the service, program, or activity and must be accompanied by a written statement of the reasons for reaching that conclusion. If an action required to comply with this subpart would result in such an alteration or such burdens, a public entity shall take any other action that would not result in such an alteration or such burdens would nevertheless ensure that, to the maximum extent possible, individuals with disabilities receive the benefits or services provided by the public entity.

Duties of State and Local Government Agencies (Title II - ADA):

Governmental places must comply with Title II of the ADA. All activities and programs of state and local governments must comply with the ADA. 28 C.F.R. ss 35.104. For example, Title II covers state and local courts and legislatures, police and fire departments, school systems, social service agencies, libraries, motor vehicle departments, and prisons. Activities of the federal Congress are covered under Title V of the ADA. All other activities of the federal government are covered by other federal laws, not the ADA.

The ADA applies to state and local governments, whether or not they receive federal money. In the past, individuals with disabilities needed to prove that local government's received federal assistance to receive protection from discrimination under Section 504 of the Rehabilitation Act. The ADA applies to all local governmental activities regardless of whether or not they receive federal assistance. D.O.J. Analysis at 56 Fed. Reg. at 35696.

Governmental activities carried out by private contractors are covered by the ADA. Services and activities provided by private contractors to local government agencies are covered by the ADA. For example, if a local government contracts with a private counseling agency the government must make sure that the agency is in compliance with Title II's requirements. 28 C.F.R. ss 35.130 (b).

State and local governments have ultimate choice over which auxiliary aid or service is appropriate for a governmental agency. Local governments must give an Individual the opportunity to request the auxiliary aid and service of his or her choice. The government shall then give primary consideration to the expressed choice of the Individual. For example, computer-assisted transcripts for courtroom proceedings may be effective for hard of hearing people who use English to communicate but sign language Interpreters may be needed for Individuals who use American Sign Language. 28 C.F.R. so 35.160 (b)(2).

State and local governments need to make their communications by telephone accessible. If a local government communicates by telephone with Individuals, TADS or equally effective telecommunications systems must be used to communicate with hard of hearing and deaf Individuals. 28 C.F.R. so 35.161. Title IV of the ADA requires the establishment of 24-hours-a-day 7-days-a-week relay services throughout the country by July 26 1993. 47 U.S.A. so 225 et seq. These services may be used by local governments to communicate by telephone with individuals who use TADS. However governmental offices that have a lot of contacts with the general public by telephone, such as city halls and public welfare offices, are encouraged to have their own TADS to communicate directly with TDD users. D.O.J. Analysis at 56 Fed. Reg. at 35712.

Telephone emergency systems must be accessible for TDD users. Local governments that provide 911 and other emergency telephone number services must make sure that TDD users can call those numbers directly without going through a relay system. 28 C.F.R. so 35.162.

Local governments need to provide TADS at pay phones. A public entity's services, programs or activities, when viewed in their entirety, must be readily accessible to, and usable by individuals with disabilities. At times, this may require the public entity to provide accessible telephones in its facilities. The entity can fulfill this obligation for deaf individuals by providing public telephones equipped with TADS or portable TADS available upon request. See generally 28 C.F.R. so 35.150; 35.160.

State and local government produced programs must be captioned. Television and videotape programs that are produced by state or local governments should be captioned for individuals who are deaf or hard of hearing. D.O.J. Analysis at 56 Fed. Reg. at 35712.

State and local governments must provide effective communication in existing facilities, buildings if doing so would not cause an undue burden for that government and would not result in a fundamental alteration of the government's program or service. 28 C.F.R. ss 35.150 (a).

All public facilities newly constructed or altered after Jan. 26, 1992 must be readily accessible and usable by Individuals with disabilities. State and local governments may choose from two design standards in making their facilities accessible: the Uniform Federal Accessibility Standards (UFAS) or the Americans With Disabilities Act Accessibility Guidelines for Buildings and Facilities (ADAAG). If a public entity chooses to follow the UFAS standards which do not contain specific guidelines on TDD access it must nevertheless provide effective communication for its deaf participants. One way of accomplishing this goal would be to use the ADAAG's scoping requirements for guidance on this issue.

State and local governments licensing and certification programs are also covered by the ADA. State and local governments cannot establish requirements for licensing or certification programs that discriminate against people with disabilities. For example a state would not be allowed to automatically exclude Individuals with hearing loss from receiving drivers licenses. In addition, local governments must administer licensing and certification programs (including exams and courses for these programs) in a manner that does not discriminate against individuals with disabilities. 28 C.F.R. ss. 130(b)(6).

Public school systems must comply with Title II in all or their services, programs or activities, including those that are open to parents or to the public. For example, it may be necessary to make auxiliary aids and services available at graduation ceremonies. parent-teacher meetings plays adult education classes and other events open to the public. D.O.J. Analysis at 56 Fed. Reg. at 35696.

State and local governments have a duty to notify individuals with disabilities about their ADA rights. Title II requires state and local governments to distribute information about their ADA duties to people with disabilities. For example, governments can distribute this information through pamphlets, posters or television broadcasts. In television broadcasts are used they must be captioned. 28 C.F.R. ss 35.106.

A person with hearing loss may file a complaint against a state or local government under Title II. Title II requires local governments with 50 or more employees to have grievance procedures to resolve Title II complaints. 28 C.F.R. ss 35.107(b). In addition, individuals may file complaints with the U.S. Department of Justice or with one of eight other federal agencies responsible for enforcing different subject areas of Title II. 28 C.F.R. ss 35.190. Individuals may also bring a lawsuit in federal court. 42 U.S.C. ss 12133.

RELEVANT AREAS:

1. Identifying personnel. Staff should initiate an introduction to an individual who is blind, deaf blind, or visually impaired by addressing the individual by name. They should always identify themselves by name and function and the reason they are there. ("Good morning, Mrs. Green. I'm Mr. Upshaw from the Physical Therapy Department. I'm here to show you some exercises your doctor ordered for you.") Name badges or uniforms may not be seen by a patient who is visually impaired.

2. Reviewing documents. Staff should read fully, upon request, and provide assistance, if necessary, in completing consent forms, financial responsibility forms, advance directive forms, bills, menus, and other documents. You may find it more helpful to the individual with disabilities to provide frequently used or important documents, such as advance directive forms, consent forms, and financial responsibility forms, in braille, large print, or on tape. The ADA requires that the contents of written material must be effectively communicated to a person who cannot read printed material. In many situations, this requirement can be satisfied by providing a staff person to read the document while maintaining the individual's right to privacy (e.g., assistance in completing medical histories or financial forms should not be provided in the waiting room or other public area). The ADA requires that any mode of communication chosen be effective, which is determined on a case by case basis. Thus, for example, unless a tactile interpreter is present, braille may be the only effective form of communicating written material to a person who is deaf-blind.

3. Counting and identifying currency; credit cards; signatures When handing currency to an individual with disabilities, bills should be individually identified and counted. A person who is blind or visually impaired usually identifies currency by folding it in different ways and/or by placing different denominations in separate locations in a wallet or purse. Identifying coins is usually not a problem because of their varying sizes and milled edges. Credit cards should be handed to individuals after imprint, not simply laid on a counter or table. A piece of cardboard or a plastic or metal signature template can be used to indicate where a signature is required. Place the cardboard edge horizontally below a signature line or orient the signature template where the signature is required.

4. Signed guide technique and mobility aids. Staff should not touch or remove mobility canes (such as the long white cane) unless requested to do so and should not interfere with dog guides. Identify yourself and offer guide assistance if it appears to be needed. If assistance is accepted, offer your arm to the individual. The individual will lightly hold your arm directly above the elbow. Don't pull or push the individual or hold his or her arm. Relax and walk at a comfortable, normal pace. Allow the individual to walk a step or two behind you, and indicate changes in terrain, such as stairs, narrow spaces, and escalators, by hesitating briefly as you approach them and explaining what you are about to do. This standard form of sighted guide technique should be modified, however, if the individual's other disabilities require him or her to be supported by the guide. When seating the individual, ask if you may show him or her the back of the chair. If the response is yes, simply place the individual's hand on the chair back. When it is time for you to leave, indicate that you are leaving his or her presence. If it is necessary to take an individual's cane, tell the person you are removing it and where it can be retrieved.

5. Verbalizing directions. Be specific. Be sure to use right and left as they apply to the person who is blind. What is on your right is on the left of a person facing you. Indicate the number of blocks to the bus stop and whether one proceeds right or left when exiting the hospital. Provide the name of the street corner at which the stop can be found. Simply saying, "The bus stop is about six blocks down in that direction" is ineffective. Similarly, be specific about directions to rooms within your facility, e.g., "To find the counselling unit, go to the end of this corridor, turn left, and it is the fifth room on your right." In addition, the layout of a person's room can be verbalized, or if the individual is not otherwise incapacitated, a walk-around orientation can be offered. Other solutions include the provision of tactile maps, large-print maps, or recorded materials as aids to way finding.

6. Using disability -sensitive language and etiquette. Using words such as blind, visually impaired, seeing, looking, and watching television is acceptable in conversation. Similarly, using descriptive language, including references to color, patterns, and the like is appropriate. When referring to individuals with disabilities, refer to the person first, then the disability, e.g., refer to the individual in conference room 439 who is blind rather than the blind man in 439. Talk directly to the person you are addressing, not through a companion. Speak in normal conversational tones. It is not necessary to raise your voice.

7. Communicating with persons who are deaf-blind. Most persons who are deaf-blind communicate using finger spelling, printing letters in the palm, or using tactile American Sign Language. The individual who is deaf-blind may also use braille or large print if he or she has some residual vision. Remember to ask how the individual prefers to receive information from you and how you can recognize that your message has been understood by the individual. Subject to the undue burden defense, the ADA requires the provision of interpreters only if the communication is particularly complicated. Interpreters should be present to provide effective communication for lengthy or complex information, such as discussing a patient's medical history; obtaining informed consent; obtaining permission for treatment; discussing the diagnosis, course of treatment, or outcome; counseling; or discussing cost of treatment. If a tactile interpreter is required, you may be able to find one through the Registry of Interpreters for the Deaf listed in the Yellow Pages or through a local sign language or deaf service agency or the Massachusetts Commission for the Deaf and Hard of Hearing. For more routine communication, printing in the person's palm may be all that is necessary. If this does not effectively communicate and if an interpreter is unavailable, allow the individual to touch the equipment involved, such as a blood pressure cuff or clipboard by gently placing his or her hand on it. Never perform a procedure without some advance warning (see Note 11). In addition, staff should be aware of the universal sign for an emergency situation, i.e., 'drawing the letter X on the back of the person who is deaf-blind with the fingertips'. Aids such as the Brailtalk tactile communicator can also facilitate communication. This is an inexpensive plastic device that contains braille and raised character alphabet and numerals. For many people who are deaf-blind, communication can be accomplished using this device by simply pointing the finger to the appropriate braille or raised letters or numerals. In addition, some persons who are deaf-blind may use combination braille and print "help cards" containing basic messages.

8. Dog guides. The ADA requires admission of service animals to hospitals, community service centers, offices of health care providers, group homes and similar facilities unless a fundamental alteration would result or safe operation would be jeopardized. The exclusion of the animal cannot be based on stereotype or conjecture as to the health or safety threat involved. The presence of a "direct threat to health or safety must be determined by competent personnel, based upon medical or other evidence." The dog guide should always remain under control by its owner. In addition, care and supervision of the animal is the responsibility of the individual or visitor. Staff should not pet, feed, or otherwise distract dog guides from their work. Although the ADA does not require you to provide a dog guide relief area, it would be helpful to your consumers or visitors who use dog guides if you can provide some suggestions in this regard.

9. Identifying visual acuity. With rotation of staff, it is sometimes necessary to alert staff concerning an individual's visual disability. This should be done in a dignified manner and in such a way as to communicate the individual's functional ability. A note such as "individual is blind", does not communicate that the individual is actually visually impaired, reads printed materials with a monocular lens, has no difficulty in getting around the hospital room, but usually cannot visually recognize staff. Thus, the usual note that the individual is "blind" is really quite meaningless. A simple note that staff should inquire about the individual's visual disability, as circumstances require, is all that is usually necessary. If a patient's eye condition involves symptoms that could be confused with other signs or symptoms indicative of trauma or disease, this information should be noted.

10. TTY/TDD's for individuals who are deaf-blind. Subject to the undue burden defense, an agency that permits its consumers to make outgoing calls on "more than an incidental, convenience basis" must, upon request, provide a TTY/TDD for the individual's use. Accordingly, an agency may be required to provide a braille output TTY/TDD to a individual who is deaf-blind. Such equipment may be purchased, or perhaps rented or borrowed from the manufacturer or from a state or local service agency for blind or deaf/hard of hearing persons. In addition, a personal alert system which convert sounds from sources such as a smoke alarm or telephone into vibrations which can be felt by a person who is deaf-blind is another example of an accommodation for such a person. This equipment can be obtained from the sources just mentioned.

11. Verbalizing or demonstrating procedures before they are performed. This is absolutely essential and will help to put the individual at ease. Talk to the individual. Describe the procedure before you perform it and-or permit the individual to inspect the equipment being used. "Mr. Jones, I'm Pete Walters, an EKG technician. Have you ever had this procedure done before? No? Well, I'll first be placing an EKG lead on your chest. Would you like to see what the instrument looks like?"

12. Customizing treatment and discharge plans. It is important that treatment and discharge plans be tailored to meet the lifestyle of a individual who is blind, deaf, hard of hearing, deaf-blind, or visually impaired. For example, a cane or dog guide user may not be able to use crutches effectively but could remain ambulatory if outfitted with a mechanical or walking cast instead of a rigid cast. Assuming that both casts are equally therapeutic, the more elaborate and expensive mechanical cast will afford a much greater degree of independence and manageability for the individual who is blind, deaf-blind, or visually impaired and thus is a much more appropriate treatment option. Similarly, discharge planners and other staff should be aware of the range of abilities of persons with vision loss and the availability of equipment and devices that can make self care possible, e.g., talking thermometers, taking blood pressure and glucose monitoring equipment, and dosage measuring devices. Dieticians and other staff should also be aware of cooking and other independent living skills possessed by many blind persons and should be willing to alter meal plans to include low fat and low sodium microwave easy-to prepare dishes if a individual does not have cooking skills. Today, blindness or visual impairment alone does not always require convalescence in a nursing home for patients who otherwise lead independent lives. For the newly blinded patient, whether vision loss is caused by accident, illness, or is incidental to the reason for receiving service by you, staff should consult with state or local blindness service delivery agencies to ensure immediate services and continuity of care after discharge.

13. Identifying medication. While an individual is hospitalized, this is usually not a problem since all patients are not permitted to self medicate. Names of medications and their dosages can be recorded on cassette tape for the patient. In addition, advice can be given to the individual about labeling of prescription bottles or containers. Some methods of labeling include: the use of an inexpensive device that produces self-adhesive Dymo-type labels for affixing to bottles or containers; use of different size bottles or containers with notes kept about the contents of each size package; use of rubber bands and paper flag type labels that can be brailled or printed in large print using a wide point felt tip pen, or brailled and raised character pill sorters.

14. Food service assistance. Such assistance could include reading and completing menus, identifying items on a person's tray, or cutting meat on request. For buffet or cafeteria service, assistance may include identifying and-or serving food from the buffet table or cafeteria line and assisting a visitor or individual to locate an available table in the dining area. For table service, the waiter should explain arrangement of the tableware and announce the placement of food and beverage items as they are served. Assistance in feeding is not required by the ADA unless this service is provided to all persons when necessary, regardless of disability.

15. Accessible signage and other ADAAG requirements. The ADA Accessibility Guidelines (ADAAG), which are available as an appendix to the Justice Department's Title III Regulations, contain several provisions concerning accessible signage: braille, raised characters, contrast, serif, and character height. In addition, the ADAAG contains provisions regarding braille and raised character elevator controls, audible direction and floor indicators for elevators, and floor designations on elevator hoist ways. The ADAAG also contains provisions regarding protruding objects, stairs, and handrails. These ADAAG requirements generally must be incorporated into new construction and must be incorporated when facilities are being altered. Items such as raised character and braille elevator controls are usually required to be installed in existing facilities, because they involve little difficulty or expense and are generally considered to be readily achievable.

16. Some items are not reflected in the ADAAG but awareness of the barrier that they represent to persons who are blind or visually impaired will aid architects and designers in the development of appropriate standards. For example, although inadequate lighting, glare and interference from masking sounds present significant barriers to access for many persons who are visually impaired, the ADAAG currently do not contain standards relative to ambient lighting, glare control, or white noise.

RESOURCES FOR BARRIER FREE MEETINGS/CONFERENCES:

"A Guide to Planning Accessible Meetings." by June O. Kailes & Barrell Jones. To order send \$25.00 to ILRU Program, 2323 S. Shepherd, Suite 1000, Houston, TX 77019.

"Including Everyone: A Conference Planners's Guide to Including People w/ Handicaps" 1979, Gary A. Hines Ed.D. MRC, Center for Training & Development, Multi Resource Centers, Inc. 1900 Chicago Ave., Minneapolis, Minn. 55404.

"Barrier Free Meetings: A Guide for Professional Associations", American Assoc. for the Advancement of Science, 1515 Mass. Ave. NW, Washington, DC 20005.

Accessible Conference Kit" Health Resource Center, One Dupont Circle NW, Suite 670 Washington DC 20036-1193, 1-800-544-3284.

"Employee Guide: How to Plan & Hold Meetings Which Include Attendees Who Have Disabilities", President's Committee on Employment of the Handicapped, Washington, DC 20210

"Getting There: A Guide to Accessibility for Your Facility" Calif. Dept. of Rehabilitation, Community Access & Rehabilitation Section, 830 K St. Mall Room 212, Sacramento, Calif, 95814.

"Business and Social Etiquette with Disabled People: A Guide to Getting Along with Persons Who Have Impairments of Mobility." Vision. Hearing or Speech. Chalda Maloff. PH.D.; Susan MacDuff Wood, M.A., (1988), Charles C. Thomas: Publisher, 260 South First Street, Springfield, IL 62717

SUGGESTED ENVIRONMENTAL ADAPTATIONS FOR PERSONS WHO ARE BLIND OR VISUALLY IMPAIRED

*Portable goose neck lamp.

*Brochures in large print.

*Descriptive video on films (when available).

*Magnifications systems.

*Readable Signage.

*Information on how to assist a person who is legally blind.

*Include people with disabilities in in-service presentations.

Prevention Centers should have the capabilities to transfer written material into braille, tape or large print as requested.

LIBRARY RESOURCES:

Assistive Devices for Reading Reference Circular, National Library Service for the Blind & Physically Handicapped, Library of Congress, Washington, DC 20542 (1993).

The following books may be ordered from ALA Books: American Library Assoc., 50 East Heron St., Chicago, IL 60611, 1-800-545-2433 press 7 to order:

Adaptive Technologies for Learning and Work Environments. Joseph J. Lazzaro, 1993.

Americans with Disabilities Act-Its Impact on Libraries. Joanne Crispen, Editor, 1992 (\$28.00).

Access to Information: Materials, Technologies and Services for Print-Impaired Readers. LITA monograph #2, Tom McNulty & Dawn Suvino. (\$28.00).

RESOURCES FOR SWITCHING PRINT MATERIALS INTO ALTERNATIVE FORMATS, WAYS TO MAKE TEXT ACCESSIBLE FOR PERSONS WITH VISION IMPAIRMENTS:

Alternative formats are what the person can access. There are a number of ways print material may be accessed, large print, braille and/or audio. Please remember that the material must be accessed by the individual needs, if a person does not read braille, having a document in braille is not an acceptable alternative format for that individual.

LOW TECH OPTIONS:

LARGE PRINT

AUDIO TAPE

BRAILLE (For Braille readers)

PROVIDING A READER SERVICE

HIGH TECH OPTIONS:

MAGNIFICATION SYSTEMS

SPEECH SYNTHESIS (for Computers)

OPTICAL CHARACTER RECOGNITION

COMPUTER DISKS

LOW TECH OPTIONS:

LARGE PRINT: 14-point type is considered the minimum large-point type. This type is 14.5 point. Most books are set in 10-12 point type and newspapers are often 8-point size. An easy way to enlarge print items is to use a copier machine's enlarging capabilities. Automated word processor programs can be used to set print font at (minimum) 14 points. Also check with different publishers to see if a book has been produced in large print. The following will reproduce items in large print (for a fee):

o **Resources for Rehabilitation**, 33 Bedford Street, Suite 19A, Lexington, MA 02173, 617-862-6455

o **Sight Line Productions**, 505 Paradise Rd. Suite 200, Swampscott MA 01901, 617-595-9800

Samples of Type:

This is 10 type

This is 12 point type.

This is 14 point type.

This is 18 point type.

This is 24 point type.

This is 36 point type.

AUDIO TAPE: A more cost-effective way of adapting materials for use of persons who are print-handicapped, is to record the materials. This benefits not only people who are legally blind but also those who have learning disabilities or for those with English as a second language. This also may be easily done in-house by using a two track cassette recorder and duplicated on a recorder with a dubbing feature. For additional information contact the following agencies:

- o **Massachusetts Association for the Blind**, 200 Ivy Street, Brookline, MA 02146, 617-738-5110 or 1-800-682-9200, For individuals cost of recording is \$8.50 per tape. For agencies \$30.00 per book. Call for additional information.

- o **Sight Line Productions**, 505 Paradise Road, Suite 200, Swampscott, MA 01901, 617-595-9800

- o **Recording for the Blind**, 43 Thorndike Street, Cambridge, MA 02141, 617-577-1111, Free for print-handicapped individuals requesting books taped. Must fill out application, document disability, send two copies of book requested to be taped. Will also do bibliography search on available taped subject areas, if requested. There is a fee for agencies, call for information.

If a book is popular it may be already on tape as an audiobook check with the publisher. Resources for books already on tape:

- o **Talking Book Library, Perkins School for the Blind**, 175 North Beacon Street, Watertown, MA 02172, 617-924-3434 or 1-800-682-9200

- o **AudioBooks**, 80 Arch Street, Boston, MA 02110-1111, 617-338-4234, FAX: 617-338-423

BRaille RESOURCES: Please note that most legally blind persons do not read braille. One printed page will equal about 3 pages in Grade 2 braille. Depending on the material, enlarging the print type or taping the material may be easier to do, maintain, update and be more cost efficient. Contact the following agencies to have items brailled for a fee.

- o **Ferguson Industries**, 173 Second Street, Cambridge, MA 02142, 617-727-9840 (V/TDD) or 1-800-392-6450 (V/TDD). 17 cents per brailled page. Information must be on computer disk which is readable by Word Perfect or ASCII.

- o **National Braille Press**, 88 Saint Stephen Street, Boston, MA 02115, 617-266-6160. Will only braille items over 50 pages. Call for fee schedule.

- o **Sight Line Productions**, 505 Paradise Road, Suite 200, Swampscott, MA 01907, 617-595-9800. Call for fee schedule.

- o **Mass. Association for the Blind, Braille Department**, 200 Ivy Street, Brookline, MA, 617-738-5110 or 1-800-682-9200, 25 cents per brailled page.

- o **Braille, Inc., P.O. Box 457, East Falmouth, MA 02536-0457, 508-540-0800, FAX: 508-546-6116**

READER SERVICE: Training for readers is provided free of charge by the Massachusetts Commission for the Blind. Call 617-727-5550 x (V/TDD), 1-800 392-6450 (V/TDD).

HIGH TECH OPTIONS:

MAGNIFICATION SYSTEMS: Solutions entail having a larger Computer Monitor for easier reading, or access to large print software programs which are compatible with your computer system. The following are different options for magnification:

- o **Optical Screen Magnification System** (provides only 2x magnification.) from Compu-Lenz.

- o **Portable* Closed Circuit Television (CCTV) Systems** can provide from 2x-60x magnification depending on the system. These systems vary in cost depending on the different features they have:

- o **Magni-Cam** from Innoventions

- o **MevaME2A System** from TeleSensory

- o **Desk Top CCTV Systems:**

- o **Voyager & Vangate CAD** from TeleSensory

- o **20/20** from Optelec

SPEECH SYNTHESIS: This system consists of speech translation of print on computer monitor. The following options are available:

OPTICAL CHARACTER RECOGNITION SYSTEMS. These systems will usually read any type of book text and are very expensive:

COMPUTER DISKS: Many people who are legally blind are investing in computer systems which address their individual needs. If documents are available on computer disk, many times a person is able to access them through their own computer systems. If a Prevention Center is hooked on to a computer network it may be able to access information that way. Check with other Library to see what is working within their systems:

- o **Boston Public Library Access Center**, Copley Square, Boston, MA 02114, 617-536-5700 x295

- o **Boston College Thomas O'Neil Library**, Chestnut Hill, MA 02167

- o **Thomas Crane Library**, 40 Washington Street, Quincy, MA 02169, 617-376-1300

- o **Massachusetts Regional Library for the Blind & Physically Handicapped/Perkins School for the Blind**, 175 North Beacon Street, Watertown, MA 02172, 617-92403434 or 1-800-852-3133, **Talking Books Program** distributes braille, disc & cassette books to print-handicapped individuals.

OTHER RESOURCES FOR PRINT HANDICAPPED INDIVIDUALS:

- o **Talking Information Center (TIC)**, Box 519, Marshfield, MA 02050, 617-834-4400 or 1-800-992-9505. TIC is the radio reading service for print-handicapped people in Massachusetts.

- o **Descriptive Video Service (DVS) WGBH**, 125 Western Avenue, Boston, MA 02134, 1-800-333-1203. Descriptive Video describes the visual elements of a movie - the action, characters, locations, costumes and sets - without interfering with the movie's dialogue or sound effects so one is able to follow the action.

- o **Special Telephone Equipment Program/NYNEX**, 125 High Street, . Room 1356, Boston, MA 02110, 617-743-9450 (V) or 617-743-4108 (TDD). Provides specially adaptive phones for qualified individuals who have disabilities. Also provides discounts for phone bills if receiving SSI. Call for additional information.

LOW VISION VENDORS:

- o **"Big Picture" Electronic Magnifier (\$505.95) APH**, P.O. Box 6085, Louisville, KY 40206-0085, 1-800-223-1839
- o **Optilec**, 325 Ayer Road, Harvard, MA 01451, 508-772-3395
- o **Sensory Aids**, 399 Sherman Avenue, Suite 12, Palo Alto, CA 94306
- o **Telesensory**, 455 North Bernardo Avenue, Mountain View, CA 94043, 415-960-0920
- o **Innoventions Inc.**, 5921 South Middlefield Road, Suite 102, Littleton, CO 80123-3877, 1-800-854-6554

ADVOCACY ORGANIZATIONS You can obtain further information about accommodations for people who are blind, deaf-blind, or visually impaired from the following organizations:

- o **American Association of the Deaf-Blind**, 814 Thayer Avenue, Silver Spring, MD 20910, 301-459-2121 (Voice); 301-588-6545 (TDD)
- o **American Council of the Blind**, 1155 15th Street, N.W., Suite 720, Washington, DC 20005, 202-467-5081 (Voice)
- o **American Foundation for the Blind, Governmental Relations Department**, 1615 M Street, N.W., Suite 250, Washington, DC 20036, 202-457-1487 (Voice/TDD)
- o **Council of Citizens with Low Vision International**, 5707 Brockton Drive #302, Indianapolis, IN 46220, 800-733-2258 (Voice); 317-25-1185 (Voice)
- o **National Federation of the Blind**, 1800 Johnson Street, Baltimore, MD 21230, 410-659-9314 (Voice)

A FEW PRACTICAL TIPS FOR PRINT LEGIBILITY AND LOW VISION

How can text be made more legible for people who have vision loss that cannot be corrected with conventional spectacles? A complete answer is still unavailable - though researchers at The Lighthouse and at other vision research centers are seeking to understand how specific types of visual impairment interfere with complex visual tasks such as reading.

What Happens

"Generally, the visual defects that make reading difficult do so in three ways," says Dr. Aries Arditi, The Lighthouse's director of vision research. "They dim the image of the text that appears on the retina; blur the image; and damage the central portion of the retina, which is best suited to reading."

"Dimming and blurring reduce the effective contrast of the text, while central retinal damage impairs ability to see small print and to make the eye movements that are crucial to reading. Several rough principles that emerge from this analysis can be followed to present text optimally for older, partially-sighted readers."

Practical Tips:

1. Text should be printed with the highest possible contrast. There is good evidence that, for many older and partially-sighted readers, light (white or light yellow) letters on a dark (black) background are more readable than dark letters on a light background. However, the traditional dark on light may be aesthetically preferable.

2. Very high contrasts are difficult to achieve with color combinations other than black and white. Thus, printed material generally is most readable in black and white. Different colors may be important for aesthetic or other reasons; but it is better to use such combinations only for larger or highlighted text, such as headlines and titles, and, where possible, to maintain as high a contrast of light and dark (as opposed to color) as possible.

3. Type should be large, preferably at least 16 to 18 point, though the relationship between readability and point size varies somewhat with typefaces.

4. Leading, or spacing between lines of text, should be greater than that used in small-print text--at least 25 to 30 percent of the point size. This is because many partially-sighted people have particular difficulty finding the beginning of the next line while reading.

5. While there is little reliable information on the comparative legibility of typefaces, there is some evidence that an ordinary typeface, using upper and lower case, is more readable than are some less frequently used styles, such as italic, **slanted**, **SMALL CAPS**, or **ALL CAPS**.

6. *It is prudent to avoid complicated, decorative fonts, and to reserve such styles, as usually is done, for emphasis within roman type.* Standard roman or sans serif fonts, with familiar, easily recognized characters, are best. **Note that bold versions of any type face often are more legible, since the letters are thicker.**

7. Text with close letter-spacing often is particularly difficult for partially-sighted readers, especially those who have central visual-field defects. Where possible, spacing should be wide. In addition, mono-spaced fonts seem to be more legible for such readers than are proportional-spaced fonts.

8. An extra-wide binding margin is especially helpful in books and other bound material, because it makes it easier to hold the volume flat. Many visual aids, such as stand- and video-magnifiers, are easiest to use on a flat surface.

9. Paper with a glossy finish can lessen legibility, because many older and partially-sighted people have problems with glare.

10. Visual impairment often makes it difficult to find a book or other document that is buried among similar publications, especially for sets whose members differ only in title or volume number. Use of distinctive colors, sizes and formats on the covers of such series can be especially helpful to older and partially-sighted individuals.

A SHORT GUIDE TO AUXILIARY AIDS TO ENABLE COMMUNICATION ACCESS FOR DEAF, LATE-DEAFENED AND HARD OF HEARING PEOPLE

The more common types of auxiliary aids to enable communication access for deaf, late-deafened and hard of hearing people are described briefly below. The particular auxiliary aids needed to provide equal access for individuals among these populations will vary somewhat according to the individual's communication needs and the nature of the communication to be accessed. Whereas some deaf people may use American Sign Language, others rely primarily on written English and speechreading. "Late-deafened" adults grew up in the hearing world and have become deaf in their adult years or after spoken language has been well-established. Many rely on Signed English, speechreading and written English. Hard of hearing people rely on amplification devices to enhance residual hearing and control background noise and related problems. The deaf, late deafened and hard of hearing individual is the best judge of the auxiliary aid(s) which will enhance communication access.

(NOTE: For purposes of this information series, access for late-deafened persons will often be referenced under that for "deaf persons.")

INTERPRETERS FOR DEAF, LATE DEAF AND HARD OF HEARING PEOPLE::

ASL INTERPRETER: Some deaf and hard of hearing individuals communicate best or entirely through American Sign Language (ASL). For some, ASL is their first and/or native language. ASL is the natural, native visual-gestural language primarily used by members of the Deaf culture in the United States and Canada. ASL is not based on, nor is it derived from English or any spoken language. It has its own vocabulary, syntax, and cultural background separate from English. Such an individual may request, for example, ASL Interpreters as well as other aids and accommodations.

ORAL TRANSLITERATOR: Some deaf and hard of hearing people use visual speechreading as their primary communication mode. But speechreading is not possible at distances, in poor lighting, with speakers who mumble or who have accents, or who may not be particularly well organized in their language; nor is speechreading possible in groups where the conversation moves from person to person.

SIGNED ENGLISH TRANSLITERATOR: Other deaf and hard of hearing people may understand best through a combination of speechreading and Signed English. Signed English is a manual coding system which attempts to represent English visually. Signed English borrows signs from ASL but uses them within English sentence structure.

CART REPORTING: Computer Aided Realtime (CART) Reporting services are provided by court reporters who have additional training in realtime reporting and who use special computer equipment. The reporter types into a stenograph machine which is connected to a computer. The computer translates the stenotype shorthand into English print which may be simultaneously projected onto a computer monitor or a large wall-screen. CART services provide communication access to persons whose primary language is English, who do not use American Sign Language interpreters and who do not choose to use oral interpreters for the event. In general, persons who choose to use CART services are hard of hearing, oral deaf or late-deafened adults.

ENHANCED HEARING THROUGH ASSISTIVE LISTENING SYSTEMS AND DEVICES. Some hard of hearing persons rely primarily on enhanced hearing through personal hearing aids, supplemented by visual speechreading. However, personal hearing aids are not generally effective at a distance from the speaker, in conversational groups, and when background noise or echo is present. Special assistive listening systems used with or without personal hearing aids may be necessary to enable the hard of hearing person to use amplified hearing in group situations. There are several types of assistive listening systems:

INDUCTION LOOP: The Induction loop is a group listening system that consists of a microphone, amplifier (a box the size of a large tape recorder), wire loop and receivers worn by the listener. The microphone sends the speaker's voice to the amplifier. A wire loop is connected to the back of the amplifier and placed around the perimeter of the room. The listener "picks up" the voice from the loop by wearing a loop receiver or their own hearing aid turned to the "T" switch (telecoil).

FM SYSTEMS: The FM System is a wireless, group amplification system that consists of a microphone, transmitter and receiver. The microphone and receiver resemble small pocket radios worn around the neck. The speaker wears a microphone/transmitter which sends her/his voice to the listener's receiver by way of an FM radio signal. The listener is able to adjust the volume on their receiver.

INFRARED SYSTEM: The infrared is a wireless, group listening system which consists of a microphone, light emitter (a rectangular-shaped box that varies in size) and a small receiver worn by the listener. The light emitter picks up sound from the microphone and changes it into infrared light. These harmless light rays are directed toward the listener's receiver and the listener is able to hear the speaker by adjusting the volume control on the receiver.

ONE-TO-ONE AMPLIFICATION DEVICES. A very useful one-to-one ALD or Assistive Listening Device is a special, portable amplification device which can be used with or without a hearing aid. Some people who wear hearing aids use the one-to-one ALD when the situation is noisy, in a group situation or when additional amplification is needed. Or some people may be in a situation in which they do not have their hearing aid in which case the ALD would be effective:

USE OF CAPTIONING AND PRINT COPY: Deaf and hard of hearing persons vary in their ability to read English depending on a combination of factors, including their age at the onset of their hearing loss coupled with educational opportunities and availability of communication access. Printed materials and captioning of films are especially useful for the large population of late-deafened or hard of hearing people whose first language is English.

CAPTIONING: Captions are written words which appear on a movie screen or slide show enabling people to read the dialogue while simultaneously watching the action. Some films are "open captioned~ in which all viewers will see the captions on the screen. Other films are "closed captioned~ in which case the captions can only be viewed through use of a TV decoder connected to the television set. Films and TV cassettes already produced without captioning may have captions added to them later.

PRINT COPY: If captioning is not possible, a print copy of the script for the movie may sometimes be used as a supplement. Since it is not possible to read a script and watch the movie, enough time should be allowed for reading the script prior to the show.

TELEPHONE ACCESS DEVICES:

TTY: To converse on the telephone, many deaf and hard of hearing persons use a device called a Telecommunication Device for the Deaf (TTY or TDD) to have a typed conversation. The person receiving the call must also have a TTY (TDD). TTY is the older term used to refer to such a device which originated when the Western Union Teletypewriter first was used to provide access to the telephone. Many deaf people will prefer to use the term TTY because of its expression of heritage and because it is easier to pronounce, fingerspell, and speechread.

TELEPHONE AMPLIFIER: With an amplified telephone or handset, a hard of hearing person can increase the volume on a voice telephone.

SIGNALLING DEVICES:

VISUAL FIRE/EVACUATION ALARMS: These signaling devices allow auditory signals to be converted into a visual alerting system. The smoke/fire alarm will flash a very quick, bright light which will alert the deaf or hard of hearing person to respond appropriately.

RESOURCES:

The Massachusetts Commission for the Deaf and Hard of Hearing is the state agency that offers employment and communication information and speakers on the ADA. **Massachusetts Commission for the Deaf and Hard of Hearing**, 600 Washington Street, Boston, MA 02211. (617) 727-5106 voice and TDD, (617)727-0890 FAX

Massachusetts Assistive Technology Partnership Center (MATP Center) is the entity that can assist individuals in acquiring appropriate technology. **(MATP Center)**, Gardner 529, Children's Hospital, 300 Longwood Avenue, Boston, MA 02115. (617)735-7820, (617)731-7301 TTY, (617)735-6345 FAX

FY 2002 PROGRAM CODES IN USE FOR EOHHS POS ACTIVITY (M03/MM3)

(Excludes SALR - Salary Reserve code which, while used on Salary Reserve distribution contracts for accounting purposes, does not constitute a free standing program type.)

Dept	Program Code	Program_Name
DMH	3007	PROGRAM MANAGEMENT
DMH	3015	CLIENT & COMMUNITY EMPOWERMENT
DMH	3020	COMPREHENSIVE STAFF TRAINING
DMH	3021	PSYCHIATRIC RESIDENCY TRAINING
DMH	3022	MULTI-DISCIPLINARY TRAINING
DMH	3023	RESEARCH
DMH	3024	PRE-SCREENING AND ASSESSMENT
DMH	3026	CORRECTIONAL MENTAL HEALTH SVC
DMH	3027	ADULT FORENSIC COURT SERV
DMH	3029	DISASTER CRISIS COUNSELING
DMH	3031	PRGM OF ASSERTIVE COMMUNITY TX
DMH	3034	CLUBHOUSE SERVICES
DMH	3036	SERV FOR EDUCATION & EMPLOYMNT
DMH	3037	DAY REHABILITATION
DMH	3039	HOMELESS SUPPORT SERVICES
DMH	3048	RESPIRE CARE SERVICES
DMH	3049	ADULT RESIDENTIAL SERVICES
DMH	3050	CONTR. ADULT OUTPATIENT SERV.
DMH	3051	CONTRACTED DAY TREATMENT
DMH	3053	DROP-IN CENTER/SOCIAL CLUB
DMH	3056	INDIVIDUAL SUPPORT
DMH	3057	JUV. COURT CLINIC FORESNS SERV
DMH	3058	FAMILY/CAREGIVER SUPPORT
DMH	3059	COMMUNITY REHABILITATIVE SUPPO
DMH	3064	CONTR. CHILD/ADOLE.OTPNT SRV
DMH	3065	COMMUNITY & SCHOOL SPT
DMH	3066	INDIVID. & FAM FLEX SUPP. (BLANKET)
DMH	3068	DAY SERVICES
DMH	3075	INDIVIDUALIZED SUPPORT, RESID.
DMH	3079	CHILD/ADOL RESIDENTIAL SERVICE
DMH	3080	INTENSIVE RESIDENTIAL TREATMT
DMH	3081	CLINICALLY INTNSVE RESID TRTMT
DMH	3089	CHILD/ADOLESCENT CONTRACTED IN
DMH	3090	ADULT CONTRACTED INPATIENT SER
DMH	3122	RADIOLOGY
DMH	3132	COMPREHENSIVE PSYCHIATRIC SERV
DMH	3146	CMHC-CONTINUING CARE (NON-INPT)
DMH	CBES	COMMUNITY BASED EMPLOYMENT SV

DMR	3153	RESIDENTIAL SERVICES
DMR	3161	BLANKET RESIDENTIAL
DMR	3163	COMMUNITY BASED DAY SUPPORTS
DMR	3166	BLANKET DAY SERVICES
DMR	3168	EMPLOYMENT SUPPORTS
DMR	3170	CLINICAL TEAM
DMR	3174	SUPPORTIVE SERVICE BLANKET
DMR	3176	FAMILY SUPPORT
DMR	3177	INDIVIDUAL SUPPORT
DMR	3182	EMERGENCY RESIDENCE
DMR	3191	F & E/CORE
DMR	3197	BLANKET WORK SERVICES
DMR	3202	MEDICAL SERVICES
DMR	3207	DENTISTRY SERVICE
DMR	3208	PSYCHIATRY SERVICE
DMR	3253	VISUALLY IMPAIRED SERVICE
DMR	3279	GUARDIANSHIP SERVICES
DMR	CBES	COMMUNITY BASED EMPLOYMENT SV
DPH	3301	JAILS
DPH	3302	SUMMER CAMP SERVICES
DPH	3304	STUDENT INDEPEND. LIVING EXPER.
DPH	3305	OUTREACH AND REFERRAL
DPH	3300	COMPREHENSIVE HOME HEALTH
DPH	3306	SEARCH BSAS ED & ASSESS
DPH	3315	FIRST OFFENDER DRIVER
DPH	3317	EARLY INTERVENTION
DPH	3319	FAMILY PLANNING SERVICES
DPH	3321	GROWTH & NUTRITION PROGRMS
DPH	3322	ACT NOW HIV EARLY INTERV
DPH	3328	AIDS MIN CAP DEVELOPMENT
DPH	3329	TEWKSBURY STAB AND TRANS
DPH	3330	SPECIAL TRNG. PROJECTS (EI)
DPH	3334	HIV COUNSELING AND TESTING
DPH	3335	CHILDHOOD LEAD POISONING PREV
DPH	3340	COMBINED PRIMARY CARE
DPH	3343	HIV/AIDS ED. AND PREVENTION
DPH	3361	SEX ASSAULT.PREV.& SURV.
DPH	3366	POISON CONTROL
DPH	3375	WIC NUTRITION
DPH	3376	MASSCALL
DPH	3378	SUBSTANCE ABUSE DAY TREATMENT
DPH	3381	CHRONIC DISEASE PREVENTION
DPH	3383	ALT TREATMENT/VIOLENT OFF
DPH	3385	AMBULATORY SERVICES
DPH	3386	RESIDENTIAL TREATMENT
DPH	3389	SASI - SA SHELTER FOR IND
DPH	3392	SUPPORTIVE HOUSING

DPH	3395	INPATIENT DETOXIFICATION
DPH	3397	NARCOTIC TREATMENT
DPH	3400	CRIM JUSTICE PROG
DPH	3401	2ND OFFENDER RESIDENTIAL
DPH	3404	SERVICES UNINSUR CHILD/H_AWARE
DPH	3407	CIT REFERRALS
DPH	3410	STATE COOP STD CLINI
DPH	3412	COMPREHENSIVEDENTALCAREFLOURID
DPH	3414	YOUTH PROGRAMS
DPH	3415	E.I. AUTISTIC SERVICES
DPH	3416	HIV/AIDS SUPPORT HOUSING
DPH	3422	SCHOOL BASED HEALTH CENTERS
DPH	3423	HIV/AIDS RESEARCH TRNG. SUPP.
DPH	3424	TUBERCULOSIS CONTROL
DPH	3426	ADOLESCENT SERVICES
DPH	3427	MEDICAL SERV
DPH	3428	HIV/AIDS MULTI-SRV IN CHC
DPH	3429	SHELTER PROGRAM
DPH	3430	HIV/AIDS CONS & CLIENT SRV
DPH	3431	PEDIATRIC AIDS (MASS CARE)
DPH	3432	IMMUNIZATION PROGRAMS
DPH	3434	TRANSITIONAL SERVICES
DPH	3436	BREAST CANCER INITIATIVE
DPH	3438	TEEN CHALLENGE FUND
DPH	3440	COORD STAMP OUTREACH
DPH	3442	EMERG MED SERV FOR CHILDREN
DPH	3445	SPEC STABILIZATION ADOL
DPH	3447	COMMUNITY MOBILIZATION NETWORKS
DPH	3449	INNOVATIVE SMOKING INTERVENTION
DPH	3450	YOUTH ED & LEADERSHIP
DPH	3451	ENHANCED SCHOOL HLTH SVCS
DPH	3452	COMM HEALTH CENTER ENHANCEMENT
DPH	3453	COMM BASED CASE MGMT SERV
DPH	3454	FIRST STEPS
DPH	3455	SPEC'L RESIDENT SERVICES WOMEN
DPH	3457	TB CLINICS
DPH	3459	CHILD CARE (SUB.ABUSE)
DPH	3460	STD/TB PREV CLINICAL SRVS
DPH	3461	TOBACCO TREATMENT SERVICES
DPH	3463	MEN'S HEALTH PARTNERSHIPS
DPH	3467	REFUGEE HEALTH
DPH	3470	YOUTH RESIDENTIAL
DPH	3477	CHILD LEAD POISONING PREV
DPH	3478	MASSTART
DPH	3482	SPECIALIZED EARLY INTERVENTION
DPH	3486	BATTERER INTERVENTION PROGRAM
DSS	AMSS	ADOPTION MANAGEMENT
DSS	BWCP	BATTERED WOMEN & CHILD. PROG.

DSS	BWCS	BATTERED WOMEN & CHILDREN SERV
DSS	CSSC	COMMUNITY EDUCATION & TRAINING
DSS	CSSP	PROTECTIVE CONTRACTED SUPPORT
DSS	CSSS	CONTRACTED SERVICE MANAGEMENT
DSS	FBS0	FAMILY BASED SERVICE
DSS	FBSA	ADOLESCENT DAY PROGRAM
DSS	FBSC	CLINICAL FAMILY BASED SERVICE
DSS	FBSL	FAMILY BASED SERVICES LEAD
DSS	FBSS	SUPPORTIVE PREVENTIVE PROGRAMS
DSS	FOS0	FOSTER CARE
DSS	FOSC	CONTRACTED FOSTER CARE
DSS	FOSM	FOSTER CARE MANAGEMENT SUPPORT
DSS	RES0	RESIDENTIAL SERVICE
DSS	RESC	COMMONWORKS
DSS	RESG	GROUP HOME
DSS	RESS	RESIDENTIAL SHELTER
DSS	REST	RESIDENTIAL TREATMENT CENTERS
DYS	2500	SECURE TREATMENT
DYS	2501	SECURE DETENTION
DYS	2502	ASSESSMENT
DYS	2503	GROUP CARE
DYS	2504	FOSTER CARE
DYS	2505	REVOCATION
DYS	2506	RESIDENTIAL SERVICES BLANKET
DYS	2507	OUTREACH TRACKING
DYS	2508	EDUCATIONAL SERVICES
DYS	2509	SPECIALIZED FOSTER CARE
DYS	2510	DETENTION DIVERSION
DYS	2512	LONG TERM GROUP CARE
DYS	2513	MEDICAL SERVICES
DYS	2514	DAY REPORTING CENTER
DYS	2515	DIAGNOSTIC
DYS	2516	TRANS. INDEP. LIVING PROGRAM
DYS	2517	SUPPORT SERVICES
DYS	2518	JUVENILE OFFENDER BOOT CAMP.
DYS	2519	NON - TRADITIONAL
DTA	2833	ESP-YNG PRNTS PRGM/BAY ST SKIL
DTA	2834	ESP-SUPPORTED WORK
DTA	2838	EAEDC CONTRACTS
DTA	2839	HOMELESS CONTRACTS
DTA	2862	HOUSING ASSISTANCE PROGRAM
DTA	2867	HEALTH CARE FOR HOMELESS
DTA	2868	ESP-SERVICE DELIVERY AREA
DTA	2880	EPS: MENTORING SERVICES
DTA	2890	SELF ESTEEM GRANT
DTA	2891	TRANSPORTATION ASSISTANCE PROG
DTA	2901	EA-FAM SHELTERS SCATTERED SITE

DTA	2905	BARNSTABLE PILOT CONTRACT
DTA	2909	SUPPORTED HOUSING GRANT - MRT
DTA	2920	HUD-GR.BOSTON STABLIZATN TEAM
HCF	2051	UNCOMPENSATED CARE POOL DEMOS
MCB	2100	MEDICAL EVALUATION - NonMedicaid
MCB	2101	MEDICAL EVALUATION - Medicaid
MCB	2102	DIAGNOSTIC & EVAL - NonMedicaid
MCB	2103	DIAGNOSTIC & EVAL - Medicaid
MCB	2104	HOME HEALTH AID - NonMedicaid
MCB	2109	PERSONAL VOC ADJUST. - NonMedicaid
MCB	2110	PERSONAL VOC ADJUSTMENT - Medicaid
MCB	2115	ON THE JOB TRAINING
MCB	2119	HOMEMAKER
MCB	2121	MOBILITY - NonMedicaid
MCB	2122	MOBILITY - Medicaid
MCB	2124	RESPIRE CARE
MCB	2131	CLT. INTERPRETER SERV. - NonMedicaid
MCB	2132	CLT. INTERPRETER SERV. - Medicaid
MCB	2142	DAY TREATMENT
MCB	2143	RESIDENTIAL/DAY PROG.
MCB	2151	RADIO READING
MCB	2156	ENGINEER GRP. CONSLT.
MCB	CBES	COMMUNITY BASED EMPLOYMENT SV
MCD	2451	DEAF/HOH INDEPEND. LIVING SERVICE
MCD	2452	MASS ASSISTIVE TECH. PARTNER
MRC	2200	MISC. VOC REHAB SVS
MRC	2201	VOCATIONAL SERVICES
MRC	2202	VR DEAF SERVICES
MRC	2205	EXTENDED EMPLOYMENT
MRC	2206	S.E.S. - ANCILLARY SERVICES
MRC	2207	VR CHAPTER 688
MRC	2208	VR INDEPENDENT LIVING
MRC	2209	VR PSYCHOLOGICAL REHABILITATION
MRC	2215	INDEPEND. LIVING - NONRESIDENTIAL
MRC	2216	INDEPEND. LIVING - RESIDENTIAL
MRC	2220	HOME CARE ASSISTANCE
MRC	2225	SHIP - NONRESIDENTIAL
MRC	2226	SHIP - RESIDENTIAL
MRC	2227	SHIP -ANCILLARY
MRC	CBES	COMMUNITY BASED EMPLOYMENT SV
OFC	2320	CHILD CARE RESOURCE/REFERRAL CN
OFC	2326	CHILD ABUSE PREVENTION-POS
OFC	3454	HEALTHY FAMILIES/FIRST STEPS
OFC	CHCX	BASIC CHILD CARE
OFC	CHCY	COMPREHENSIVE CHILD CARE
OFC	CHCZ	SPECIALIZED CHILD CARE

ORI	2003	DIRECT SERVICES
ORI	2004	COMMUNITY DEVELOPMENT
ORI	2005	COMM OUTREACH, EDUC, INFO

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

ACCESSIBILITY GUIDE

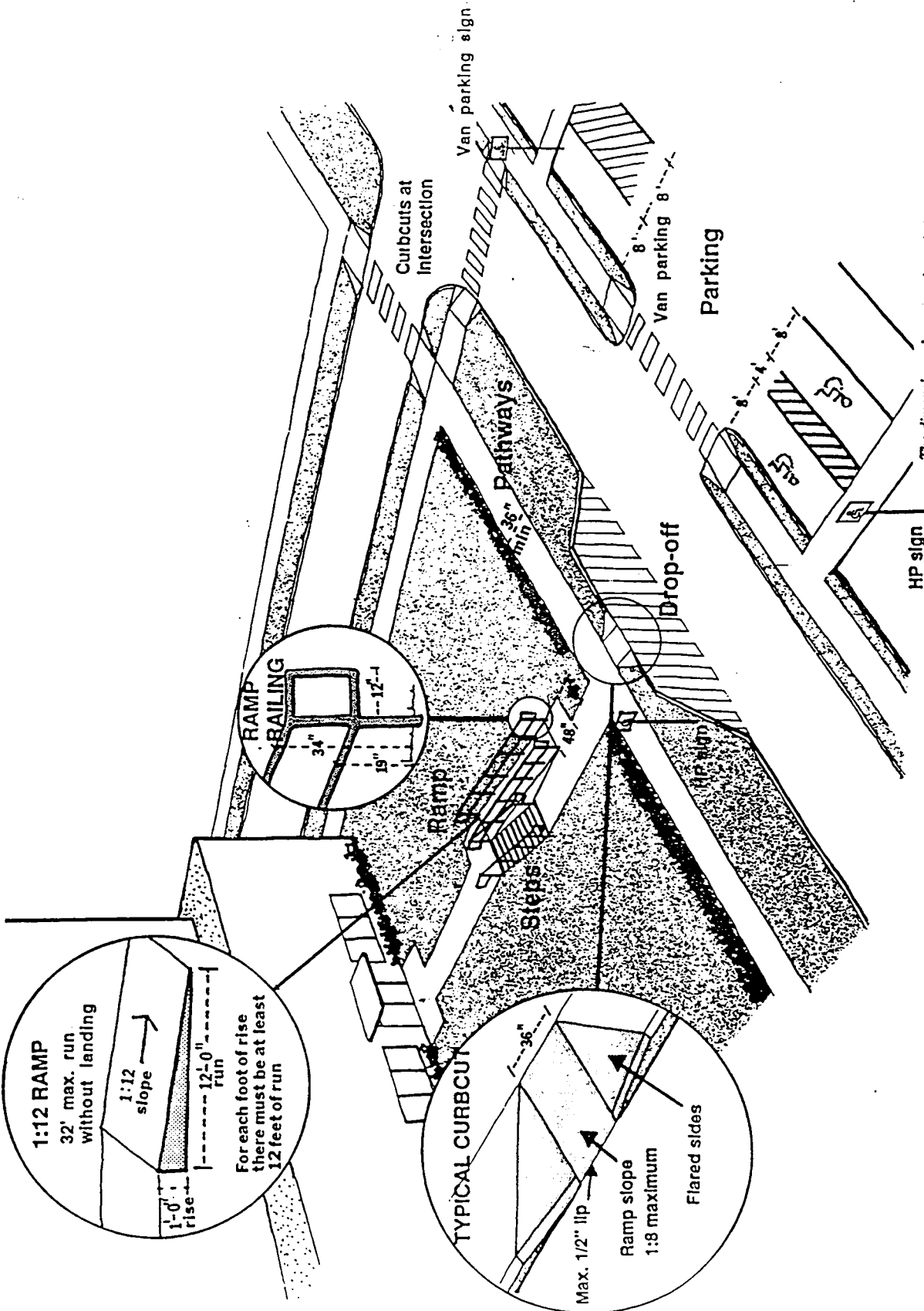
Please refer to this guide to assist your accessibility review. The guide consists of:

- **DRAWINGS and MEASUREMENT CONVERSIONS** to aid in understanding architectural measurements,.
- **CODE REFERENCES** to aid in understanding standards of accessibility,
- **MINOR STRUCTURAL CHANGES** to aid in devising possible modifications, a

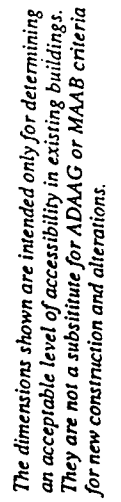
Please contact the PPA AA/ADA Manager if you have any concerns on the use of this GUIDE or the completion of Forms M and G.

*Note that the **Drawings and Measurement Conversions** section consists entirely of graphics. Persons with visual impairments should contact the PPA AA/ADA Manager for assistance in securing information regarding the content of the section.*

SITE: Parking, Drop-off, Pathway, Steps and Ramp Measurement Guide



The dimensions shown are intended only for determining an acceptable level of accessibility in existing buildings. They are not a substitute for ADAAG or MAAB criteria for new construction and alterations.



DOORWAYS

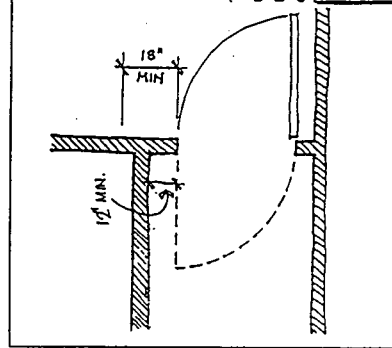
If an entrance has a series of doors and none of them are accessible, only one must be made accessible. The entrance selected to be made accessible must be a primary public entrance. It should be no more than 200' from the accessible parking or 100' from the drop off. Some additional criteria for determining which entrances should be accessible include:

- Whether it is referred to as the "main entrance" to the building (the entrance someone would direct you to);
- Whether it provides the most direct access to main corridors and elevators (if present) as well as major public function spaces at the entry level like an auditorium or cafeteria;
- Whether it is an entrance people use when they enter the building from visitor or staff parking areas.

Directions to the accessible door must be placed at all the inaccessible locations.

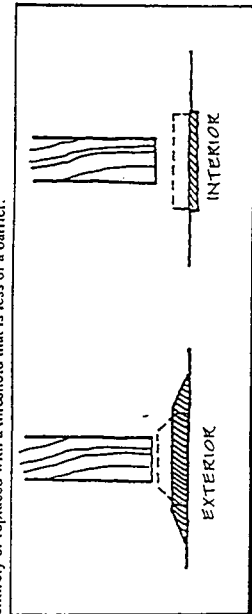
Reverse door swing

If the door swing obstructs a corridor or there is insufficient clear space on the latch side of the door, a simple solution may be to reverse the swing of the door.



Remove/replace threshold

Thresholds greater than 1/2 inch high are a barrier to both wheelchair users and people using canes or crutches because the tip gets trapped between the door leaf and the threshold. Depending on the construction of the existing threshold, it can be removed entirely or replaced with a threshold that is less of a barrier.

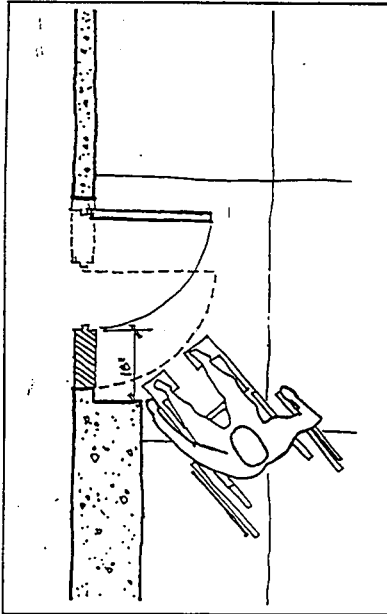


Measurement Conversions

1 inch	=	0.08 foot
2 inches	=	0.17 foot
3 inches	=	0.25 foot
4 inches	=	0.33 foot
5 inches	=	0.42 foot
6 inches	=	0.50 foot
7 inches	=	0.58 foot
8 inches	=	0.67 foot
9 inches	=	0.75 foot
10 inches	=	0.83 foot
11 inches	=	0.92 foot
12 inches	=	1.00 foot

Relocate door

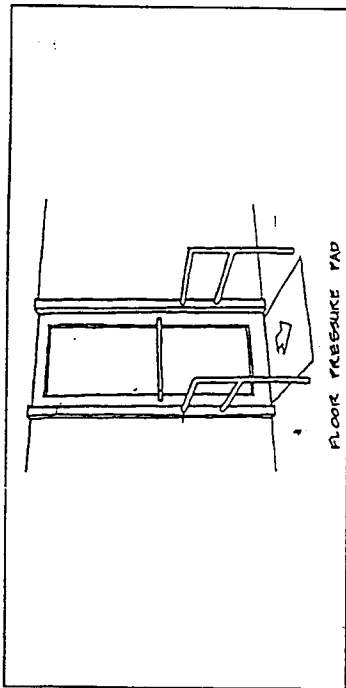
Perhaps one of the most frequent problems for wheelchair users in buildings is pulling open doors without adequate space beside the latch. This can be solved by relocating the doors.



DOORWAYS

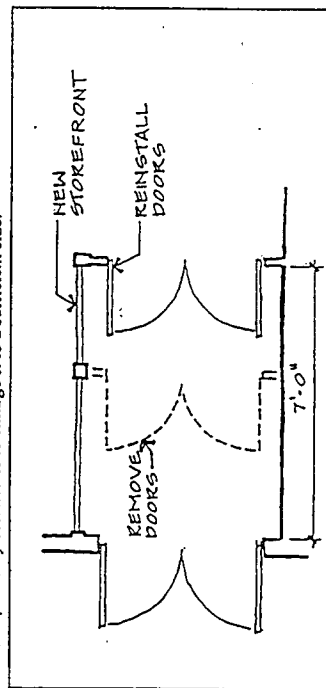
Install automatic door opener

This solution is effective when there is a lot of traffic, when the existing door is too heavy, or when the 18 inch clear space on the latch side of the door is not available. It is also a possible modification when the vestibule is too small for a person in a wheelchair to manually open the door.



Enlarge existing vestibule

A wheelchair user may get trapped in a vestibule between two sets of doors if she has insufficient room to maneuver clear of door swings. In bathrooms, the inner door can sometimes be removed entirely. If a vestibule is necessary, such as for privacy in a bathroom, the only solution is to enlarge it to a sufficient size.



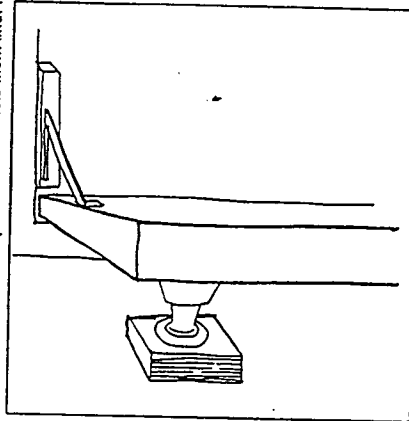
DOORWAYS

Replace door closer

Many people have difficulty opening doors equipped with door closers. They may intrinsically lack the strength, find it difficult to maneuver with a cane or difficult to pull when seated in a wheelchair. While some closer hardware can be adjusted, it is advisable to install a new closer with adjustable pressure and delayed action closing.

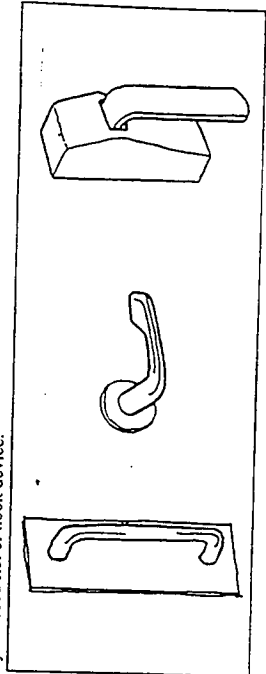
Install hold-open device

Doors may be located at frequent intervals along a corridor for fire code compliance. They are often difficult for people to open. This can be solved by keeping them open with a magnetic hold-open device that lets them shut in case of fire.

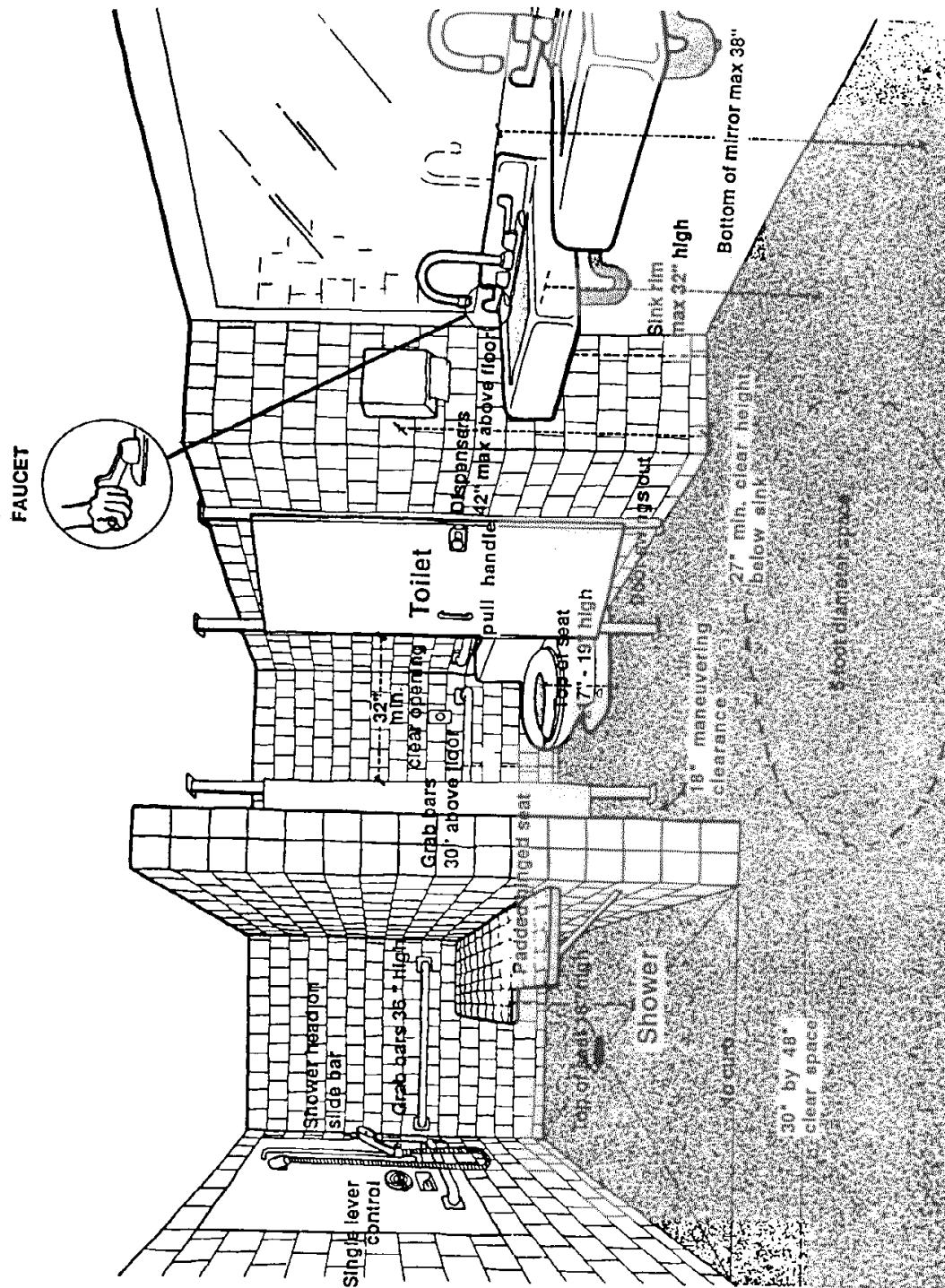


Replace door-opening hardware

Grasping round door knobs is difficult for many people, especially those with arthritis. These should be replaced by push or pull bars or lever handles, which can be operated by a closed fist or hook device.



SPACES: Toilet Room, Bathing Facility and Special Measurement Guide

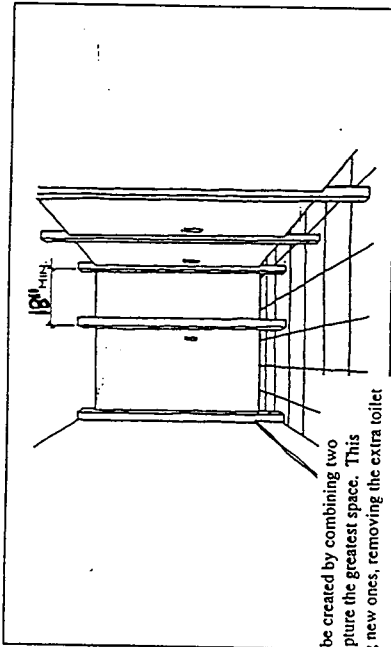


The dimensions shown are intended only for determining an acceptable level of accessibility in existing buildings. They are not a substitute for ADAAG or MAB criteria for new construction and alterations.

TOILETS

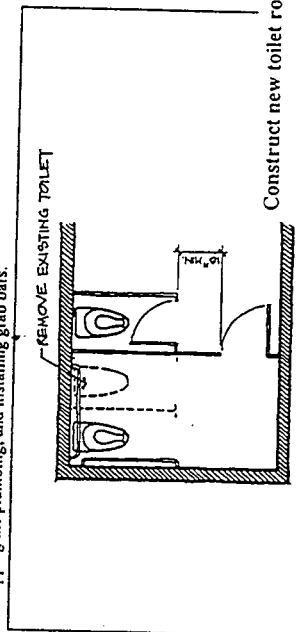
Relocate toilet stall door

If an outswinging stall door obstructs passage in a toilet room or it is difficult to open because of inadequate space on the latch side, the partition and door should be reconfigured.



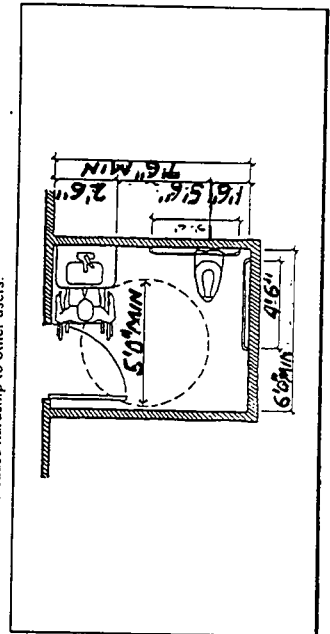
Create accessible stall

In most public toilet rooms, an accessible stall can be created by combining two existing stalls - usually at the far end of a row to capture the greatest space. This involves removing existing partitions and installing new ones, removing the extra toilet and capping the plumbing, and installing grab bars.



Construct new toilet room

If existing male and female toilet facilities are not currently accessible, it is possible that it will be less expensive and more effective to construct a new accessible toilet room for anyone who needs it, rather than renovate existing facilities. This may be a particularly good solution if the existing facilities are heavily used and removing a toilet fixture would cause hardship to other users.



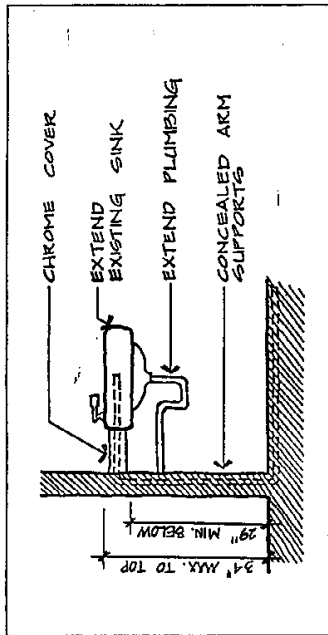
Measurement Conversions

1 inch	=	0.08 foot
2 inches	=	0.17 foot
3 inches	=	0.25 foot
4 inches	=	0.33 foot
5 inches	=	0.42 foot
6 inches	=	0.50 foot
7 inches	=	0.58 foot
8 inches	=	0.67 foot
9 inches	=	0.75 foot
10 inches	=	0.83 foot
11 inches	=	0.92 foot
12 inches	=	1.00 foot

TOILETS

Replace/relocate sink

Wheelchair users often cannot use conventional sinks because of inadequate height or depth. A sink can be made accessible by installing extenders on a conventional sink to increase the depth or installing a new extended sink. If the sink is installed in a counter top, the entire counter can be raised to create enough space under the sink.



Make urinal accessible

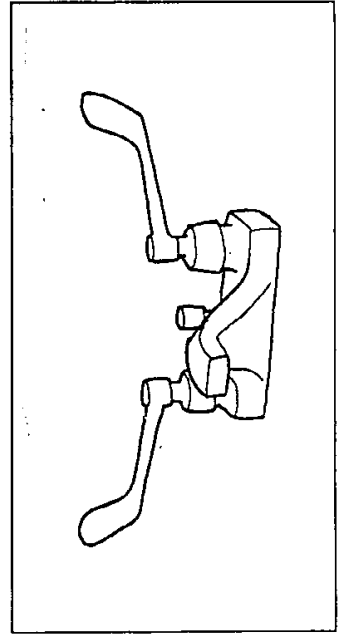
If a urinal is mounted with its rim above 17 inches, it is impossible to use for a person in a wheelchair. It can either be lowered - and the wall patched - or a new urinal can be installed at the proper height and adjacent to existing ones.

Replace/relocate toilet

If a wall-hung toilet is mounted below 17 inches, it may not permit a safe transfer from a wheelchair and will need to be raised to be level with a wheelchair seat. When a floor-mounted toilet is below 17 inches, it will have to be replaced with a new toilet which has a seat at the proper height.

Install operable faucets

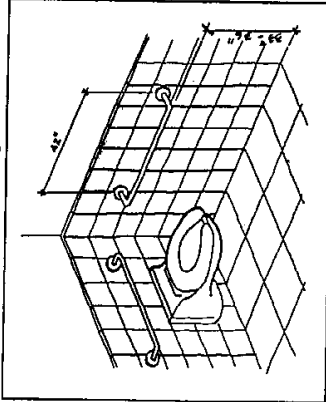
People lacking strength in their arms, people with arthritis, and amputees often cannot grasp a round faucet knob. A lever handle makes it possible to turn the water on and off.



TOILETS

Add grab bar

Grab bars make it possible for many people to use toilets safely. A grab bar should be horizontal so that it can bear the weight of a body, and have an acid etched finish for easy gripping. A toilet needs two grab bars - one behind the toilet and one beside it.

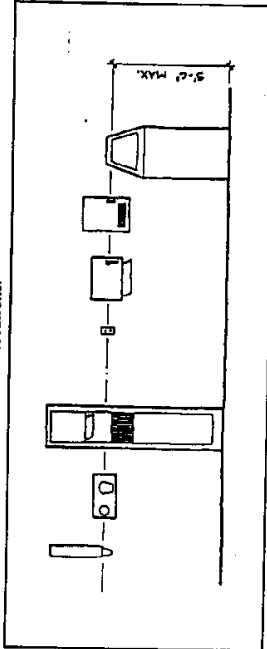


Add mirror

Most mirrors above sinks are too high for people in wheelchairs. Tilted mirrors installed especially for wheelchair users are too low for tall people. A full height mirror allows all people to see themselves.

Add accessories

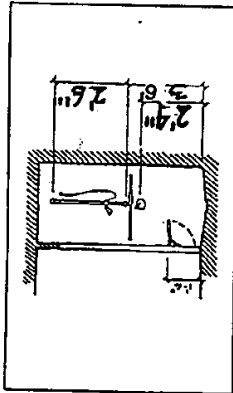
Paper towel dispensers, soap dispensers, hot air dryers, toilet paper dispensers and sanitary napkin dispensers are often mounted too high for wheelchair users to reach. Sometimes they are also located above the sink, beyond a person's reach. Additional dispensers should be added in accessible locations.



BATHING FACILITIES

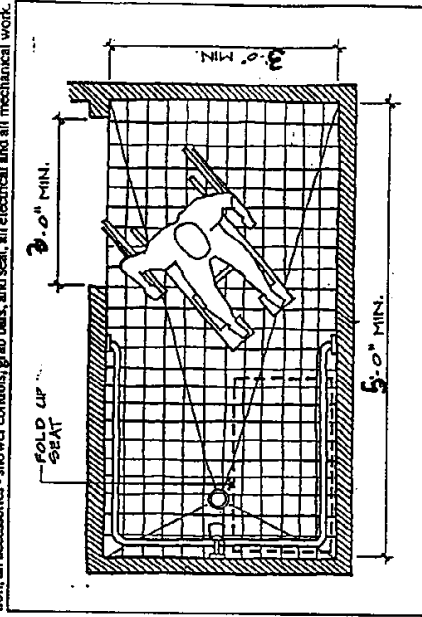
Install new shower controls

Two accessory items that are helpful to people with disabilities are a single lever control or mixing valve that is easily operable with a closed fist and an adjustable shower head on a slide bar that helps a non-ambulatory person wash his whole body. The hand held shower is also useful when someone needs assistance in bathing.



Add shower seat

For people who cannot stand while showering and older people who have balance problems, a bench makes it easier to use the shower. By being hinged, it affords the flexibility of the shower also being used by those who do not need the seat. Padding is critical for the safe use by most individuals.

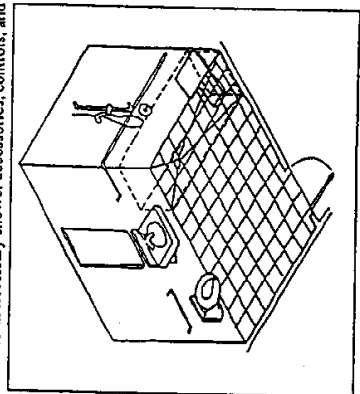


Construct new shower

There are specific elements of a shower that are critical to people with mobility impairments - having a place to sit down, adjustable controls, and grab bars. In gang showers such as those found in locker rooms, these are best provided by constructing a separate new shower. The ADAAG configuration for grab bars in showers is slightly different from that shown here in accordance with MAAAB. This modification includes demolition, all accessories - shower controls, grab bars, and seat, all electrical and all mechanical work.

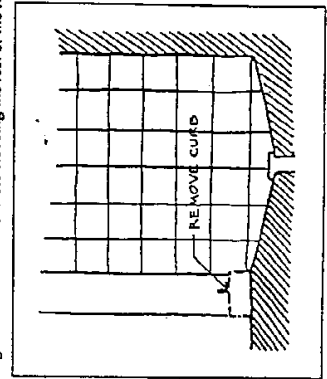
Replace tub with shower

Many people cannot use, or are afraid to use, bathtubs. Bathtubs are particularly inconvenient to people in wheelchairs unless there is a seat at the end of the tub. In existing residential bathrooms, it is often impossible to add a built-in seat. One solution is to remove the tub entirely and use the space as a shower stall. This modification includes all necessary shower accessories, controls, and seat.



Remove curbing

For people who cannot transfer from a wheelchair onto a shower seat, it is particularly important to be able to wheel directly into the shower stall. This is only possible if there is no curb. When a curb is removed, the floor needs to be pitched away from that edge to a floor drain to avoid flooding the rest of the room.



Code References

The Survey Forms and Measurement Guides and the Modifications Catalog apply two slightly different standards of accessibility, one for existing buildings and the other for renovation and new construction. Both are based on the ADA Accessibility Guidelines (ADAAG) and the Massachusetts Architectural Access Board (MAAB) standards. In a number of instances, however, the Survey Forms and the Measurement Guides, which are used to determine whether existing buildings are accessible, use selected, less stringent ADAAG, Uniform Federal Accessibility Standards (UFAS) or American National Standards Institute (ANSI) standards because research has shown that they provide adequate accessibility for most people. In these instances, modifications to achieve the more stringent requirements may not be cost effective. New construction and renovations undertaken to correct barriers identified by the Survey Forms (or for any other reason) must meet the standards of the Modifications Catalog.

In addition, where the standard is less stringent than ADAAG, we have used those MAAB dimensions so that people who have complied with in the past need not undertake modifications to meet new standards. However, when ADAAG addresses an element, which is new, or provides a significant improvement, we have added that to the survey forms and the Measurement Guides.

The table below lists the exceptions to new construction standards, which we have made for purposes of surveying. It specifies both the ANSMHAS (existing building) standards and the ADAAG (new construction and renovation) for each survey component where they differ.

Survey Form Component	New Constructions Dimensions	Code	Existing Building Dimensions	Source
Parking	Minimum access aisle 5 feet	ADAAG	Minimum access aisle 4 feet	MAAB
Drop-off	Minimum access aisle 5 feet	ADAAG	Minimum access aisle 4 feet	UFAS, ANSI
Pathways	Minimum width 4 feet	MAAB	Minimum width 3 feet	ADAAG
Curb cuts	Minimum slope 1:12	ADAAG, MAAB	Minimum slope 1:8	UFAS, ANSI
	Flared sides only	MAAB	Flared or returned sides	ADAAG

Code References, continued

Survey Form Component	New Constructions Dimensions	Code	Existing Building Dimensions	Source
Ramps	Minimum slope 1: 12	ADAAG, MAAB	Minimum slope 1: 10 (if less than 5 foot run)	UFAS, ANSI
	Maximum run 30' without landing	ADAAG	Maximum run 32' without landing	MAA.B
	Level platform 5' by 5' at change of direction	ADAAG	Level platform 4' by 4' at change of direction	MAAB
	Minimum width 4 feet between rails		Minimum width 3 feet between rails	ADAAG
Stairs	Railing height 34 inches	MAAB	Railing height between 34 and 38 inches	ADAAG
	Handrail diameter between 1-1/4" and 1-1/2"	ADAAG	Handrail diameter between 1- 1/4" and 2"	
Doors	Clear width 34 inches	MAAB	Clear width 32 inches	ADAAG
	Opening pressure max. 5 lbs	ADAAG	Opening pressure max. 7 lbs	MAAB
	Latch pull side 18 inches, Latch push side 12 inches	ADAAG	Latch pull side 18 inches and push side not included	
Thresholds	No interior thresholds	ADAAG	Interior thresholds max. 1/2 inch high, beveled	UFAS, ANSI
Elevator	Cab size min. 68" x 51"	ADAAG	Cab size min. 48" x 48"	LTFAS, ANSI
	Door stays open min. 20 sec.	ADAAG	Door stays open min. 6 sec.	MAAB
Shower	Minimum 3 feet x 5 feet	MAAB	Minimum 3 feet x 3 feet	UFAS, ANSI
Sinks	Max. height 34" and min. knee space 29" high	ADAAG	Max. height 32" and min. knee space 27" high	MAAB
Grab bars	Max. 33"-36" above floor	ADAAG, MAAB	At 30" above floor	Previous MAAB

UFAS = Uniform Federal Accessibility Standards

ANSI = American National Standards Institute AI 17.1-1986

Minor Structural Changes

Minor structural solutions are relatively inexpensive and should be implemented immediately by the facility's maintenance staff. The list below contains a wide range of recommended actions based on ADAAG and MAAB standards as well as current research on accessibility needs of people with disabilities.

Component	Accessibility Criteria	Code	Action	Cost
Curb Cut	Painted yellow	MAAB	Paint yellow	Maintenance
Uncurbed Intersection	Painted yellow	MAAB	Paint yellow	Maintenance
Flooring	Carpet securely anchored	ADAAG, MAAB	Nail down at edges	Maintenance
	Doormats anchored at all edges	MAAB	Nail down at edges	Maintenance
	Edge strip at change in materials	MAAB	Install edge strip	\$2/linear foot
	Openings in grates less than 1/2' wide & perpendicular to route of travel	ADAAG	Replace grate	\$300/grate
	Level changes between 1/4" and 1/2" to be beveled with slope 1:2	ADAAG	Bevel level changes	Maintenance
Stairs	Non-slip treads	ADAAG,MAAB	Add rubber treads	\$10/tread
Toilets & Bathrooms	Pull device (handle near hinge side of door, used to pull it shut) on door	ADAAG,MAAB	Install pull device	\$50/pull device
	Coat hook 48" to 54" above floor	ADAAG, MAAB	Add/relocate coat hook	\$50/coat hook
	Pipes below sink insulated	ADAAG	Wrap pipes with insulating material	\$15/sink
	Non-slip tub surface	MAAB	Add non-slip tub mat	\$10/mat
Kitchens	Cabinet handles located at top of base cabinets/bottom of wall cabinets	MAAE	Add/relocate handles	\$50/handle
Storage	Shelving within 9" to 54" for parallel approach and 15" to 48" for forward approach	ADAAG	Relocate shelving	Maintenance
Bedrooms	Pull device on inside of door	Recommended	Install pull device	\$50/pull device

EXECUTIVE OFFICE HEALTH AND HUMAN SERVICES

GLOSSARY OF TERMS

This Glossary is intended to serve as a tool which will assist you in understanding the Affirmative Action and Programmatic Access, ADA Title I and Title II documents sent to you as part of the process of entering into contracts with the Commonwealth. It is not intended to serve as a complete guide to your duties and responsibilities under that contract or the law.

AAB (ARCHITECTURAL ACCESS BOARD): Federal entity charged with establishing architectural standards to comply with accessibility guidelines.

ACCESS: Freedom of approach or communication, or the means, power, or opportunity of approaching, communicating, or passing to and from.

ACCESS BARRIER: An obstruction to, or lack of communication to, access. An obstacle, such as stairs for an individual who uses a wheelchair, print sign for an individual who is blind, voice message to a deaf individual, to the participation of an individual with a disability in a program, activity or service.

ACCESS ROUTE: The route within the program location which is free of access barriers.

ACCESSIBLE: Absent of access barriers. Easily approached or entered. Describes a site, building or portion thereof that complies with ADA guidelines. (When the term "accessible" is used, it refers to physical and communication accessibility.)

ACCESSIBLE ROUTE: A continuous, unobstructed path connecting all accessible elements and spaces of a building or facility. Interior accessible routes may include corridors, floors, ramps, elevators, lifts, and clear floor spaces at fixtures. Exterior accessible routes may include parking access aisles, curb ramps, crosswalks at vehicular ways, walks, ramps, and lifts.

ADA see AMERICANS WITH DISABILITIES ACT

ADA MANAGER see PROGRAMMATIC ACCESS MANAGER

ADAAG: Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities, design standards for new construction or alterations.

ADVERSE IMPACT (EFFECT): When certain personnel or program eligibility policies (e.g., word-of-mouth recruiting, diploma requirements, intelligence tests, minimum height requirements, disproportionate terminations or layoffs) that have the effect of denying employment, advancement or services to PROTECTED CLASS MEMBERS.

ADVERSE TREATMENT: An action that would in any way deprive an individual of employment, educational opportunity or services which they were otherwise eligible to receive or negatively affect his or her status.

AFFIRMATIVE ACTION: The development of a program through which an employer acts to affirm the contributions that a diverse workforce can bring to a work environment. This is accomplished by taking specific steps to identify, recruit, hire and/or develop for advancement, persons who are identified as part of specific protected classes. Thus, an employer demonstrates its willingness to remedy past acts of discrimination against specific groups by developing goals and timetables, and mechanisms through which success is measured, with an ultimate goal of achieving a diverse work force.

AFFIRMATIVE ACTION MANAGER: A highly placed individual within the organization who has the authority and responsibility to implement the organization's Affirmative Action/Equal Opportunity Plan.

ALARM see SIGNALLING DEVICE

ALTERATION: A change to a building or program location made by, on behalf of, or for the use of a public accommodation or commercial facility, that affects or could affect the usability of the building or parts thereof.

ALTERNATIVE FORMAT: The provision of information through media other than conventional printed materials, such as large print, braille, audio tape...

AMERICANS WITH DISABILITIES ACT (ADA) Public Law 101-336: Legislation that gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, sex, national origin and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services and telecommunication.

AMPLIFIED TELEPHONE: A telephone which is equipped with a sound amplification device, such as an amplified handset or a free standing amplifier, which increases the electrical signal being received or sent out, thereby enhancing hearing.

ANCESTRY see NATIONAL ORIGIN

ASSISTIVE DEVICE: Any tool that enhances access for an individual with a disability, such as speech synthesizers, amplifiers, readers...

ASSISTIVE LISTENING DEVICE: A device that enhances hearing, such as a personal system which can be used for listening to television, attending meetings with speakers and round-table discussions. Group assistive listening systems provide listening for groups or certain individuals in groups (ex: audio loop).

ASSISTIVE LISTENING SYSTEM see ASSISTIVE LISTENING DEVICE

AUDIO LOOP: An assistive listening system consisting of a continuous length of wire that acts as an antenna for an audio receiver system to which individual receivers can be attached. Used in conference, classroom settings by individuals who are hard of hearing.

AUXILIARY AIDS AND SERVICES: A wide range of services and devices for ensuring effective communication. It includes effective methods of making aurally and visually delivered materials available to persons with disabilities, such as hearing or visual impairments, such as qualified interpreters, note takers, computer aided transcription services, written materials, assistive listening devices, TTY's/TTD's, taped texts, brailled materials and large print.

AVAILABILITY: The presence of protected class members "ready, willing and able to work" used in setting goals and determining UNDERUTILIZATION and PARITY.

BEDSHAKER: A small, portable signalling device placed between the mattress and bed foundation or box springs or even under a pillow, which vibrates and alerts the deaf/hard of hearing individual in lieu of an alarm clock or fire alarm, provided it is properly connected to a clock or receiver.

BRAILLE: A reading method for the blind predicated on the use of a six dot cell, using the dots in various combinations. Also, a code using short form words, letter combination abbreviations, special signs to indicate capitalization and other punctuation. To be read by touch.

COMPLIANCE: The degree to which an employer carries out the mandatory AFFIRMATIVE ACTION PLAN or non-discrimination clause in its contracts.

COMPLIANCE REVIEW: Routine review of the employment practices of an employer by an agency.

COMMUNICATION ACCESSIBILITY: Refers to the personal and public use of special assistive technology, specialized services, and environmental modifications to enable persons with disabilities to exchange information, safety and emergency signals and messages, and all other communications which are available to non-disabled people in schools, in public workplaces, in the home, in the community, government activities, via telecommunication systems and TV media, and in human service systems.

COMPUTER AIDED TRANSCRIPTION SERVICES: A process that translates stenotype shorthand into English, which is simultaneously displayed in a video screen or projected on the wall. (Changes spoken communication into a visual format.)

CONTRACTING STATE AGENCY: Any Executive Office, Board, Commission, Department or Division of the Commonwealth of Massachusetts which is authorized to procure services under the General Laws of the Commonwealth and which is party to a service contract(s).

CONTRACTING STATE AGENCY AFFIRMATIVE ACTION/ EQUAL OPPORTUNITY MANAGER: The person responsible for implementing her/his agency's Affirmative Action/Equal Opportunity obligations as they pertain to specific contracted services. These obligations can include but are not limited to participation in all aspects of the Request for Proposal process and monitoring of the Provider's Affirmative Action/Equal Opportunity Plan.

DEPARTMENT OF JUSTICE, CIVIL RIGHTS DIVISION, OFFICE OF THE AMERICANS WITH DISABILITIES ACT (DOJ): The federal agency with overall responsibility for enforcement of the ADA, investigating complaints and providing technical assistance on the ADA.

DESCRIPTIVE VIDEO SERVICE: The enhancement of a television program or movie with audio descriptions of costumes, scene information and actions not readily perceived by simply listening to the audio. Descriptions are done so that they do not interfere with the program itself. (see SEPARATE AUDIO PROGRAM)

DISABILITY: A physical or mental impairment that substantially limits one or more of the major life activities. (ADA)

DISABLED VETERAN: A person entitled to compensation under laws administered by the Veterans Administration, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

DISCRIMINATION: Illegal treatment of a person or group (either intentional or unintentional) based on race, color, creed, religion, ancestry, national origin, age, disability, sex, marital status, sexual orientation.

DIVERSITY: The inclusion, integration, awareness and appreciation of various cultures within a workforce and the opportunity for the maximum utilization of individual members' talents, skills and perspectives with a view towards increasing the organization's productivity.

DOJ see **DEPARTMENT OF JUSTICE**

EQUAL OPPORTUNITY: An organization's effort to ensure that all personnel and service provision programs, policies and practices will be formulated and conducted in a manner which will ensure equal access for all people and prevent discrimination. As part of this effort organizations will ensure that employment and service provision policies will be based solely on the individual eligibility, merit or fitness of applicants, employees and recipients of services for jobs and services without regard to race, color, creed, religion, ancestry, national origin, age, disability, sex, marital status, sexual orientation

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC): Independent federal agency created by Title VII of the Civil Rights Act of 1964. Responsible for administering Title VII, EEOC may bring suit, subpoena witnesses, issue guidelines which have the force of law, render decisions, provide technical assistance to complainants and others. The EEOC, which does not conduct routine compliance reviews, investigates complaints of discrimination in employment and finding probable cause attempts to achieve conciliation agreements and may bring a failed conciliation to court of law.

GOALS: A numerical objective, fixed realistically, in terms of the number of vacancies expected, and the number of qualified applicants available in the job market.

GOOD FAITH EFFORTS: A term used to describe documented, honest attempts to reach affirmative action goals.

HAVING A RECORD OF SUCH AN IMPAIRMENT: Having a history of, or having been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

INDIVIDUAL WITH A DISABILITY: A person who has a physical or mental impairment that substantially limits one or more of her/his major life activities; is regarded as having such an impairment; or has a record of such an impairment.

JOB CATEGORIES: The grouping of job titles by related responsibilities and functions:

OFFICIAL/ADMINISTRATOR: Occupations in which employees set policies, exercise responsibility for these policies, department heads, controllers or kindred workers.

PROFESSIONAL: Occupations requiring specific knowledge usually acquired through college training i.e. social workers, doctors, accountants, registered nurses, teachers and kindred workers.

TECHNICIAN: Occupations requiring a combination of basic scientific or technical knowledge obtained through specialized post-secondary school education or on-the-job training such as computer operator or programmers, LPN's, medical or dental technicians, draftsmen and kindred workers.

PROTECTIVE SERVICE: Occupations in which workers are entrusted with public safety or security, i.e., guards, fire fighters, correctional officers and kindred workers.

PARA-PROFESSIONAL: Occupations in which workers perform some of the duties of a professional or technician in a supportive role, which usually require less formal training. Positions such as research assistants, medical aids, recreation assistants, home health aids and kindred workers.

OFFICE AND CLERICAL: Occupations in which workers are responsible for internal and external communication, recording data or information and other paperwork required in an office. Includes bookkeepers, messengers, clerk-typists, payroll clerk and kindred workers.

SKILLED CRAFT: Occupations requiring special manual skill and a thorough and comprehensive knowledge of the processes involved in the work, acquired through apprenticeship or other formal training programs, mechanics and repairmen, electricians, carpenters, typesetters and kindred workers.

SERVICE MAINTENANCE: Occupations which result in or contribute to the comfort, convenience, hygiene or safety of the general public or which contributes to the upkeep and care of buildings, or grounds of public property includes chauffeurs, laundry operatives, custodial personnel and construction laborers.

LABOR MARKET AREA: The geographical area in which an applicant can reasonably recruit persons for employment. The "labor market area" will generally be the Statistical Metropolitan Area for which census and other employment data is available.

LABOR FORCE PARITY see **WORKFORCE PARITY**

LARGE PRINT: Any print that is 14 point type or larger.

MAAG: Massachusetts Architectural Access Guidelines.

MAJOR LIFE ACTIVITY: One of many functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, thinking, speaking, breathing, learning and working.

MASSACHUSETTS COMMISSION AGAINST DISCRIMINATION (MCAD): The state agency charged with responsibility for enforcing Federal and State Civil Rights Laws. It investigates and decides cases of discrimination in the areas of employment, housing, public accommodations, credit, services and education. It also promulgates rules and regulations and monitors and assists businesses and governments in their Civil Rights compliance efforts.

MASSACHUSETTS OFFICE ON DISABILITY (MOD): The state agency charged with the responsibility to identify, analyze, evaluate and monitor public policies, programs, services and regulations; make recommendations and provide comprehensive coordination and support to state and local agencies, departments and organizations; and to strive for the advancement of legal rights for persons with disabilities and the enforcement of Federal and State Civil Rights Laws as they affect or may affect persons with disabilities; and the promotion of the maximum possible opportunities, supportive services, accommodations and accessibility, in a manner which fosters dignity and self-determination to bring: about full and equal participation in all aspects of life by all persons with disabilities in the Commonwealth.

MINORITY: Any individual from the following racial and/or national or ethnic groups:

BLACK: Having origins in any of the Black racial groups of Africa or the Cape Verde Islands.

HISPANIC (LATINO/A): Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

ASIAN OR PACIFIC ISLANDER: Having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

NATIVE AMERICAN: Having origins in any of the original peoples of North America, and maintaining cultural identification through tribal affiliations or community recognition.

MOD see **MASSACHUSETTS OFFICE ON DISABILITY**

NEPOTISM: The practice of showing favoritism to relatives or close friends of other employees over other applicants applying for positions.

NEW ENGLAND TDD RELAY SERVICE see **TELECOMMUNICATION RELAY SERVICE**

NON-EXEMPT EMPLOYEES: Employees that are covered by minimum wage and overtime provisions of the Fair Labor Standard Act (Wage and Hour Law).

OCR see **OFFICE FOR CIVIL RIGHTS**

OFFICE FOR CIVIL RIGHTS (OCR): Office within each federal Department with jurisdiction over any entity receiving federal assistance from a federal agency enforcing regulations prohibiting discrimination because of sex, race, color national origin (including persons with limited English proficiency), disability or religion. OCR enforces these regulations through complaint investigations, compliance reviews, pre-grant reviews and Voluntary Compliance outreach. OCR enforces prohibition of discrimination against persons with disabilities through Section 504 of the Rehabilitation Act of 1973 and Title II of the ADA, Public Services, including all activities of state and local governments relating to health and human services.

PARITY: Equality. The ultimate goal of affirmative action programming is to achieve "parity" in a work force with an external workforce.

PERSON WITH A DISABILITY see **INDIVIDUAL WITH A DISABILITY**

PHYSICAL OR MENTAL IMPAIRMENT: A condition, such as contagious and non-contagious diseases and conditions such as orthopaedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, learning disabilities, HIV disease, tuberculosis, drug addiction, alcoholism, that substantially limits one or more major life activities, such as thinking, walking, speaking, hearing, seeing, working, learning, breathing.

PRINCIPAL PURCHASING AGENCY (PPA): The Agency which, at the time of execution of a Service Agreement, has contracted for the largest aggregate amount of state service contract obligations with the Provider.

PRINCIPAL PURCHASING AGENCY AFFIRMATIVE ACTION/EQUAL OPPORTUNITY MANAGER (PPA AA/EO Manager): The person responsible for monitoring, reviewing and approving the Provider's overall Affirmative Action/Equal Opportunity/Programmatic Access Plan.

PROGRAM ACCESSIBILITY: Operating programs and activities so, when viewed in their entirety, they are readily accessible to and usable by individuals with disabilities. No qualified individual with a disability may be excluded from participation in, or be denied the benefits of the services, programs or activities because of an access barrier.

PROGRAMMATIC ACCESS MANAGER: A highly placed member of the Provider organization's staff with the responsibility for ensuring that there is non-discrimination and equal opportunity in the provision of services under contracts with the Commonwealth.

PROTECTED CLASS: Legally identified groups that are specifically protected by statute against discrimination. Protected class status is automatically conferred upon recognized minority group members, females, individuals with disabilities, etc., by the law. These are the same individuals who should be covered by the Provider's Affirmative Action/Equal Opportunity and Programmatic Access Plan.

QUALIFIED INDIVIDUAL: A person who meets legally valid, predetermined and announced eligibility requirements.

QUALIFIED INDIVIDUAL WITH A DISABILITY: A person with a disability who, with or without reasonable modifications to rules, policies, practices and/or facilities, who meets legally valid, pre-determined and announced eligibility requirements and who is capable of performing the essential functions of a job.

QUALIFIED INTERPRETER: An interpreter who is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary, specialized vocabulary. (ADA)

RACE: One of the major sub-divisions of humankind, regarded as having a common origin and exhibiting a relatively constant set of physical traits.

READILY ACCESSIBLE TO AND USABLE BY: When a program, service or activity is no harder to get to and use by an individual with a disability than it would be for anyone else.

READILY ACHIEVABLE: Easily accomplishable and able to be carried out without much difficulty or expense. (ADA)

REASONABLE ACCOMMODATION: The modification of environments, policies, programs, schedules, requirements and/or facilities to adapt to the needs and abilities of an individual with disabilities, unless it would impose undue hardship. Reasonable accommodation may include building ramps, setting up TDD telephone lines, acquiring, providing auxiliary aids or services (like amplification equipment, sign language interpreters, qualified readers, a talking computer) or modifying existing equipment and providing job restructuring, modification of work schedules, reassignments of employees and/or clients.

REGARDED AS HAVING A DISABILITY: If a person is treated as having a disability, or if a person has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairment, then that person is considered to have a disability.

REHABILITATION ACT OF 1973: An act of Congress creating civil rights protections for persons with disabilities in federal programs.

RELAY-SYSTEM: A 1-800 telephone service offered by the New England Telephone Company which enables a hearing person to speak to a deaf/hard of hearing person without a TTY/TDD. (1-800-439-2370)

REMEDY: Whatever is required to "make the charging party whole," that is, whatever would have (or would not have) happened, had a violation not occurred, or, where that is not possible, money to compensate the charging party.

SECTION 504 OF THE REHABILITATION ACT OF 1973: Section of the Act creating civil rights protections for persons with disabilities in programs receiving federal assistance.

SECTION 504 COORDINATOR see **PROGRAMMATIC ACCESS MANAGER**

SELECTION PROCEDURES: Refers to the process for choosing the successful applicant for employment or advancement or for admission to a program.

SEPARATE AUDIO PROGRAM (SAP): A device built into televisions manufactured after 1987 which permits access to a separate audio track which includes descriptive narrative along with the program's original dialogue. Utilized by individuals who are blind or visually impaired. (see **DESCRIPTIVE VIDEO SYSTEM**)

SERVICE PROVISION (DELIVERY OF SERVICES): The basic role of the Provider. This includes all interactions of any kind with current, past or potential clients. It includes any and all aspects of a program operated by the Provider (or a sub-contractor) for which the Provider receives remuneration under a contract with the Commonwealth.

SEXUAL HARASSMENT: Sexual advances, requests for sexual favors, or verbal or physical conduct of a sexual nature which creates a hostile, humiliating or offensive work environment, which materially interferes with the employee's ability to perform the job; submission to, or rejection of, sexual advances or requests for sexual favors which form the basis of an employment decision.

SEXUAL ORIENTATION: Having an orientation for, or being identified as having an orientation for heterosexuality, bisexuality or homosexuality.

SIGNALLING DEVICE: A device equipped with a flashing light (Visual), an audio message (Audio), or movement (Motion), or a combination of these, which serves to alert individuals with disabilities of fire, doorbell, telephone and emergency. Could also include a bedshaker and strobe light for the bedroom and living room in lieu of telephone or doorbell ringing.

SOAA see **STATE OFFICE OF AFFIRMATIVE ACTION**

STANDARD METROPOLITAN STATISTICAL AREA (SMSA): An enumeration district designated by the Federal Office of Management and Budget (OMB) for statistical purposes.

STATE OFFICE OF AFFIRMATIVE ACTION (SOAA): The state agency established by Executive Order 227 under the Executive Office of Administration and Finance to ensure Commonwealth compliance with State and Federal Affirmative Action Laws. It develops, implements and enforces the Commonwealth's affirmative action policies in order to ensure employment and contractual opportunities for people of color, women, certified Vietnam-era veterans and persons with disabilities. Its oversight responsibilities extend to all secretariats and their respective agencies and commissions within the Executive Branch of state government and include state government's external vendors.

TAPE: Print material read onto audio cassette tapes by sighted readers to be used by blind and visually impaired individuals who cannot access print.

TELECOMMUNICATIONS RELAY SERVICE: Telephone transmission services that provide the ability for an individual who has a hearing or speech impairment to engage in communication by wire or radio with a hearing individual in a manner that is functionally equivalent to the ability of an individual who does not have a hearing or speech impairment to communicate using voice communication services by wire or radio. Such terms include services that enable two-way communication between an individual who uses a TDD or other non-voice terminal device and an individual who does not use such a device.

TELEVISION CAPTION DECODER: A unit, similar to a cable converter box, that is designed to decode a signal which allows captions that are easily visible - usually white letters against a black background - and appear at the bottom of television screens. NOTE: All televisions 13" or larger manufactured on or after July 1, 1993 must include a computer chip that performs the same function as that of a decoder unit.

TIMETABLE: The time frame set for attaining measurable GOALS in an affirmative action program.

TRANSITION PLAN: An action plan that sets forth necessary steps to complete structural changes to facilities.

TTY/TDD: A telecommunication device for the deaf, consisting of a machine that employs graphic communication in the transmission of coded signals through a wire or radio communication system.

UFAS: Uniform Federal Accessibility Standards for new construction and alterations.

UFR PROGRAM NUMBER: Unique two digit program number used for audit trail purposes appearing on the Uniform Financial Report cover page and the Contract Program Form. (See Contract Budget Form Instructions for details.)

UNDERUTILIZATION: Having fewer protected class members in a particular job classification than would reasonably be expected by their availability in the workforce or recruitment area.

UNDUE BURDEN: See Undue Hardship.

UNDUE FINANCIAL OR ADMINISTRATIVE BURDEN: A defense available to a state or an entity operating a program, service or activity for that state which relieves it of responsibility for a failure to provide access when the modification needed to provide access would fundamentally alter the program, service or activity in question or would be so costly that it would exceed its resources.

UNDUE HARDSHIP: Significant difficulty or expense when considering the nature and cost of the accommodation, the overall financial resources of the organization, number and type of employees and facilities and the type of operations of the organization. (ADA & 504)

UNLAWFUL EMPLOYMENT PRACTICE: Any policy or practice that has a discriminatory intent or effect.

UTILIZATION ANALYSIS: An analysis conducted by an employer to determine whether protected class members are employed in the major job categories.

VIETNAM ERA VETERAN: A person who served on active duty for a period of more than 90 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was honorably discharged or released therefrom. Executive Order 235 defines Vietnam Era Veterans and the State's commitment to a program to promote their welfare in this state.

WORKFORCE: The total number of persons employed.

WORKFORCE ANALYSIS: A detailed listing, by department or other organizational unit, of job classifications.

WORKFORCE PARITY: The percentage of protected class members in the local labor force.

SOURCES OF DISABILITY RIGHTS INFORMATION

Note: *Addresses, telephone numbers and other information appearing below may no longer be current. Current information (and e-mail addresses) for each agency can readily be obtained through the use of Internet search engines.*

The Attorney General of the United States has the overall responsibility for coordinating implementation of the Americans with Disabilities Act. **U.S. Department of Justice Civil Rights Division.** ADA Information Line Mon-Fri 11:00 am - 5:00 pm. P.O. Box 66118, Washington, D.C. 20035-6118. (202) 514-0301 (voice) (202) 514-0381 or (202) 514-0383 (TDD)

The US Equal Employment Opportunities Commission is responsible for enforcing ADA employment requirements. For complaints about employment discrimination call: **Equal Employment Opportunities Commission Region I** (617) 565-3200 or 1-800-872-3362, 565-3204 (TDD) For requests for information call: (800)699-4000 (voice), (800)669-3302 (TDD)

The US Department of Justice is responsible for enforcing ADA Title II and Title III standards. For complaints about violations of Titles II and III and requests for information call: (800) 514-0301 (voice), (800) 514-0383 (TDD)

The Massachusetts Commission Against Discrimination is the state agency that enforces general anti-discrimination laws, including state laws that specifically protect individuals with disabilities in employment and public accommodations. In addition, it enforces Fair Housing laws which protect individuals with disabilities from discrimination. **Massachusetts Commission Against Discrimination**, One Ashburton Place, Room 601, Boston, MA 02108 (617) 727-3990 (Voice or dial extension 204 for TDD)

The Civil Rights Division of the Massachusetts Department of the Attorney General will send out a complaint form and may provide assistance to groups of people with disabilities who have experienced discrimination in public accommodations or services. Write or call for form. **Civil Rights Division, Department of the Attorney General**, One Ashburton Place, Boston, MA 02108 (617) 727-2200 (voice) 727-0434 (TDD)

The Massachusetts Office on Disability is the lead state agency for ADA information and technical assistance regarding state and local government services, facilities, programs and public transportation. **Massachusetts Office on Disability**, One Ashburton Place, Room 1305, Boston, MA 02108 (617) 727-7440 (voice and TDD)

The Disability Law Center is a private, nonprofit organization which provides information and legal assistance to people with developmental and other disabilities. **Disability Law Center**, 11 Beacon Street, Suite 925, Boston, MA 02108 (617) 723-8455 (voice and TDD) or 1-800-872-9992 (voice)

The Massachusetts Rehabilitation Commission is the state agency that offers employment information and speakers on the ADA. **Massachusetts Rehabilitation Commission**, 27-43 Wormwood Street, Boston, MA 02210. Assistant Commissioner (617) 727-2182 (voice) (617) 204-3762 or 1-800-245-6543. Legal Department (617) 727-2173 (Listed MRC lines are TDD accessible)

The Massachusetts Commission for the Blind is the state agency that offers employment and communication information and speakers on the ADA. **Massachusetts Commission for the Blind**, 88 Kingston Street, Boston, MA 02211. (617) 727-5550 (voice) 1-800-392-6556 (TDD)

The Massachusetts Commission for the Deaf and Hard of Hearing is the state agency that offers employment and communication information and speakers on the ADA. **Massachusetts Commission for the Deaf and Hard of Hearing**, 210 South Street, Boston, MA 02111. (617) 695-7500 (voice and TDD)

You can obtain further information, copies of the ADA regulations, and technical assistance manuals from the following:

o **Title I (Employment)**

Equal Employment Opportunity Commission, 1801 L Street, N.W., Washington, DC 20507, 800-669-EEOC; 202-663-399 (TDD)

o **Title II (State and Local Governments)**

o **Title III (Public Accommodations)**

Public Access Section, Civil Rights Division, U.S. Department of Justice, P.O. Box 66738, Washington, DC 20035-9998, 202-514-0301; 202-5140383 (TDD)

o **Title II/Title III (Transportation)**

U. S. Department of Transportation, 400 Seventh Street, S.W., #10424, Washington, DC 20590, 202-366-9306; 202-755-7687 (TDD)